



**SAUDI  
GERMAN  
HOSPITAL  
CAIRO**

## **Strategic Plan 2018 - 2020**

Strategic plan 2018 - 2020 prepared and planned by SGH Cairo  
Executive Members as follows:

➤ Dr. Mohamed Ahmed Hablas	Hospital Chief Executive Officer
➤ Dr. Sherief Fouad	Chief Operating Officer
➤ Dr. Magdy Bassiouny	Chief Medical Officer
➤ Dr. Ibrahim Ellakany	Chief Quality Officer
➤ Mrs. Louisa Socorro	Chief Nursing Officer
➤ Mr. Azhar Chata	Finance Manager
➤ Mr. Mohamed Lotfy	Marketing Manager
➤ Mr. Nizam Elden	Procurement Manager
➤ Mr. Naser	IT Manager
➤ Mr. Ahmed Waheed	HR Manager



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## 1. Executive Summary:

Saudi German Hospitals are the largest private healthcare provider in the Middle East and North African region.

Saudi German Hospital Cairo is a tertiary Health Care provider in east area in Cairo city providing a high quality & patient safety services to its geographical area. SGH Cairo is a community friendly hospital by building constructive partnership relation with all governmental officials & private sectors.

We focused as per market research on subspecialties and centers of excellence that attract more market segments.

We believe that we must attract both Charge Business & Cash Business as well to balance our financial performance.

We also committed for our strategic partnership relations with our big clients like MOH & other governmental sectors.

In this plan we defined: -

- Accountability for deliverables to gain confidence of all stake holders/Investors and Bankers.
- Built in monitoring and control mechanisms.
- Incorporate global best practices and apply scientific management tools
- And to cover all Strategic Business Units, Key Performance Areas and all core Functions

This plan developed by Executive committee of SGH Cairo and all hospital departments based on Second year operation and the marketing data to maximize the opportunities. The coming 3 years of the operation is challenging years because we need to grow horizontally and vertically. And to achieve break even. All the hospital departments were involved in the operational plans, that support the implementation of the hospital strategic objectives.



## 2. Introduction:

### a. History of the SGH Group and SGH Cairo

**Saudi German Hospitals Group** is one of the most famous Health care brands in Middle East currently with four hospitals in Kingdom of Saudi, one in Yemen, one in Dubai, one in Hail (KSA) & will be opening branches in Ajman (UAE), Abuja (Nigeria) and Adisababa (Ethiopia).

The Saudi German Hospitals Group provides modern medical services to the Middle East and Islamic world as well. The medical service dedicating all rare medical specialties in cooperation with the Medical Centers worldwide to comply with the latest technology in Medicine in addition to the annual Visiting Professors Program.

Saudi German Hospitals are considered the largest private Healthcare provider in the MENA region (Middle East & North Africa). Saudi German Hospitals are multi-functional Healthcare provider which are considered a Healthcare developer and not just an operator. Saudi German Hospitals operate in cooperation with numerous German Medical Schools & Faculties.

First SGH started in 1988, where it was owned solely by the Batterjee family that had a unique spiritual vision which is derived from the Holy Quran "AND IF ANY ONE SAVED A LIFE, IT WOULD BE AS IF HE SAVED ALL OF MANKIND" (Al'Maidah, Verse 32)

That drive has moved SGH into a new era of Healthcare Industry development, where the scope and goals got elevated from a local ambition to a regional ambition. Now the Saudi German Hospitals vision is "To design, finance, construct and operate 30 world-class hospitals by 2018 and create 50,000 jobs in Healthcare industry Insha'Allah."

### ***Group Vision:***





To be the regional healthcare leader through the largest network of hospitals, delivering excellence in patient care, and creating value for all stakeholders.

## ***Group Mission:***

To provide quality healthcare in all specialties with highest level of ethical standards and personalized care to achieve superior medical outcome and patient satisfaction.

## ***SGH Cairo***

*Saudi German Hospital Cairo* started the soft opening in October 1<sup>st</sup>, 2015 and officially in March 2016. It is the first branch in Egypt.

***The owner:*** Saudi Egyptian Healthcare Company.

***Space:*** Total space area: 37,295 m<sup>2</sup>

***Foot Print:*** percentage of buildings area to total space area: 27% with a space area: 9937 m<sup>2</sup>

### ***Building Description:***

Building Consists of Two Basements, Ground Floor & Four Floors.

<b><i>Floor</i></b>	<b><i>Contents</i></b>	<b><i>Notes</i></b>
<b><i>2<sup>nd</sup> Basement</i></b>	Car Parking, Ventilation Room, Water Tanks, Water pumps, Electricity Rooms	This basement has two ramps one for entry and another one for exit.
<b><i>1<sup>st</sup> Basement</i></b>	Car Parking, Heaters, Gases Room, Pharmacy Store, and Work Offices (Maintenance, IT, Purchasing, Stores, HR, Quality).	This basement has four exits



<b>Ground Floor</b>	Top Management Offices, ER, Radiology, Endoscopy, Operator, Lab, Pharmacy, OPD, Cafeteria Area, Waiting Area,	The main gate of hospital in this floor.
<b>1<sup>st</sup> Floor</b>	Inpatient Rooms, Hemodialysis, Cardiac Cath., CSSD, ICU, OR, Prayer Room	
<b>2<sup>nd</sup> Floor</b>	Inpatient Rooms	
<b>3<sup>rd</sup> Floor</b>	Guest Rooms, Meeting rooms & Auditorium	
<b>4<sup>th</sup> Floor</b>	VIP Inpatient Suites, Meeting & Education halls.	

**Address:** 47 Joseph Teto St., New Nozha, Heliopolis, Cairo, Egypt

**Location Evaluation:**

- SGH Cairo is nearby to main Cairo roads e.g. Salah Salem and ring road that makes it nearby high class population settlements ex. New Cairo, Heliopolis, El Rehab and New Capital City.
- SGH Cairo is located in-front of Cairo Airport.

**Bed capacity:** 300 beds Building Capacity, 120 Working beds.

**Licenses:**

<b>License</b>	<b>Status</b>	<b>Date renewal</b>
<b>Municipality</b>	Valid	Final
<b>Civil Defense</b>	Expired (under renewal )	
<b>Taxes Card</b>	Valid	11/11/2020
<b>Social Insurance</b>	Valid	Final
<b>Commercial Registration</b>	Valid	8/12/2018
<b>Medical Syndicate</b>	Valid	Final

**Departmental Licenses:**



<i>Hospital Operating license</i>	Valid	Final
<i>Registration certificate</i>	Valid	Final
<i>Comprehensive Quality certificate</i>	Valid	Final
<i>Laboratory license- extension</i>	Valid	Final
<i>Radiology license</i>	Valid	12/6/2020
<i>Physiotherapy center license</i>	Valid	Final
<i>Cardiac catheter operation license</i>	Valid	15/5/2019
<i>Dialysis unit license</i>	Valid	4/4/2018
<i>licenses to use laser devices</i>	Valid	3/4/2020
<i>Personal license to use laser devices for Dr. Ayman Mohamed</i>	Valid	3/4/2020
<i>Personal license to use laser devices for Dr. Rania Mahmoud</i>	Valid	3/4/2020
<i>"Dental clinic registration certificate i hospital"</i>	Valid	Final
<i>Pharmacy License</i>	Valid	Final
<i>Environmental approval for the construction-contract with the general authority for the cleaning and beautification of Cairo concerning the removal for medical waste.</i>	Valid	Final

Stemming from our deep belief that every minute counts and that all patients deserve a premium health "Care", at SGH-Cairo we introduce a new concept for medical treatment and care in the Egyptian community.

Backed by the renowned Egyptian expertise and International best practices in the medical field, we are aiming at delivering a new health care paradigm to our beloved country and the whole MENA region. Through our multi-health divisions, fully-automated system, professional calibres and World-class infrastructure.

"Proficiency, dedication and caring with the maximum degrees of human dignity are the core elements that drive our actions at SGH-Cairo."

## ***SGH Cairo Vision***



To be the most trusted Health care provider in MENA Region through delivering excellent Quality of Care based on evidence by End of 2020

### ***SGH Cairo Mission (WE CARE)***

- Working hard to satisfy our staff as well as our customers
- Ensuring excellence of quality of care through evidence based practices
- Cooperating with the community & the stake holders to provide the best quality of care
- Achieving Financial goals through providing accessible care to the customers with reasonable cost
- Recognition of our staff & ensuring staff developments programs
- Ensuring safe environment of care for our customers as well as our staff.

### ***SGH Cairo Values (I CARE)***

- *Integration*
- *Collaboration*
- *Accountability*
- *Respect*
- *Empathy*



## *Analysis:*

### *a. Market Analysis:*

#### *I. Demographic Analysis*

##### *Overview:*

Egypt is the most populous country in the Arab world and the third most populous country in Africa, behind Nigeria and Ethiopia. Most of the country is desert, so about 95% of the population is concentrated in a narrow strip of fertile land along the Nile River, which represents only about 5% of Egypt's land area. Egypt's rapid population growth – 46% between 1994 and 2014 – stresses limited natural resources, jobs, housing, sanitation, education, and health care.

Although the country's total fertility rate (TFR) fell from roughly 5.5 children per woman in 1980 to just over 3 in the late 1990s, largely as a result of state-sponsored family planning programs, the population growth rate dropped more modestly because of decreased mortality rates and longer life expectancies. During the last decade, Egypt's TFR decline stalled for several years and then reversed, reaching 3.6 in 2011, and has plateaued the last few years. Contraceptive use has held steady at about 60%, while preferences for larger families and early marriage may have strengthened in the wake of the recent 2011 revolution. The large cohort of women of or nearing childbearing age will sustain high population growth for the foreseeable future (an effect called population momentum).

During the 2000s, Egypt became an increasingly important transit and destination country for economic migrants and asylum seekers, including Palestinians, East Africans, and South Asians and, more recently, Iraqis and Syrians. Egypt draws many refugees because of its resettlement programs with the West; Cairo has one of the largest urban refugee populations in the world. Many East African migrants are interned or live in temporary encampments along the Egypt-Israel border, and some have been shot and killed by Egyptian border guards.



### Demographic Data:

Demographic Item	Data	Census Date	Comments
Population	96,033,038	November 2017	
Ethnic groups	Egyptian: 99.6 % Others: 0.4%	2006	
languages	Official Language: Arabic		English & French are widely understood among educated classes
Religions	Muslim: 90% (predominantly Sunni):  Christian: 10% (majority Coptic Orthodox, others as Armenian, Apostolic, Catholic, Maronite and Anglican)	2012	
<b>Dependency Ratios</b>			
Total Dependency Ratio	62%	2015	
Youth Dependency Ratio	53.8%		
Elderly Dependency Ratio	8.5%		
Potential Support Ratio	11.8%		
Population Growth rate	2.51%	2016	
Birth rate	30.3 births/1,000 population	2016	
Death rate	4.7 deaths/1,000 population	2016	
Net migration rate	-0.5 migrant(s)/1,000 population	2016	
Population Distribution	95% of population lives within Nile Bank, Nile Delta & Suez Canal Area	2015	Vast areas of Egypt remain sparsely populated or uninhabited
<b>Urbanization</b>			



Urban Population	43.1% of total population	2015	
Rate of Urbanization	1.68% annual rate of change	2015	
Major urban areas	Cairo (capital): 18.772 M Alexandria: 4.778 M	2015	
Median Age:			
Total	23.8 years	2016	
Males	23.5 years		
Females	24.1 years		
Age Structure:			
0 – 14 years	33.21%  Males: 16,268,862  Females: 15,169,039	2016	Attached population pyramid below the table reveals the analysis of age structure.
15 – 24 years	19.24%  Males: 9,371,819  Females: 8,839,999		
25 – 54 years	37.47%  Males: 18,020,332  Females: 17,448,871		
55 – 64 years	5.91%  Males: 2,771,399  Females: 2,826,094		
65 years and over	4.17%  Males: 1,937,119  Females: 2,013,459		
Sex Ratio:			
At birth	1.05 male(s)/female	2016	
0-14 years	1.07 male(s)/female		
15-24 years	1.06 male(s)/female		
25-54 years	1.03 male(s)/female		
55-64 years	0.98 male(s)/female		



65 years and over	0.82 male(s)/female		
Total population	1.05 male(s)/female		
Mother's mean age at first birth	22.7	2014	Median age at first birth among women 25 - 29
Maternal mortality rate	33 deaths/100,000 live births	2015	
Infant mortality rate:			
Total	19.7 deaths/1,000 live births		
Male	21 deaths/1,000 live births		
Female	18.3 deaths/1,000 live births		
Life Expectancy at birth:			
Total population	72.7 years	2016	
Male	71.4 years		
Female	74.2 years		
Total fertility rate	3.53 children born/woman	2016	
Contraceptive prevalence rate	60.3%	2008	
Health Expenditures	5.6% of GDP	2014	
Physicians Density	2.83 physicians/1,000 population	2009	
Hospital bed density	0.5 beds/1,000 population	2012	
Drinking water source			
Improved:			
Urban	100% of population	2015	
Rural	99% of population		
Total	99.4% of population		
Unimproved:			
Urban	0% of population	2015	
Rural	1% of population		
Total	0.6% of population		
Sanitation facility access:			
Improved:			
Urban	96.8% of population	2015	
Rural	93.1% of population		
Total	94.7% of population		
Unimproved:			
Urban	3.2% of population	2015	
Rural	6.9% of population		
Total	5.3% of population		

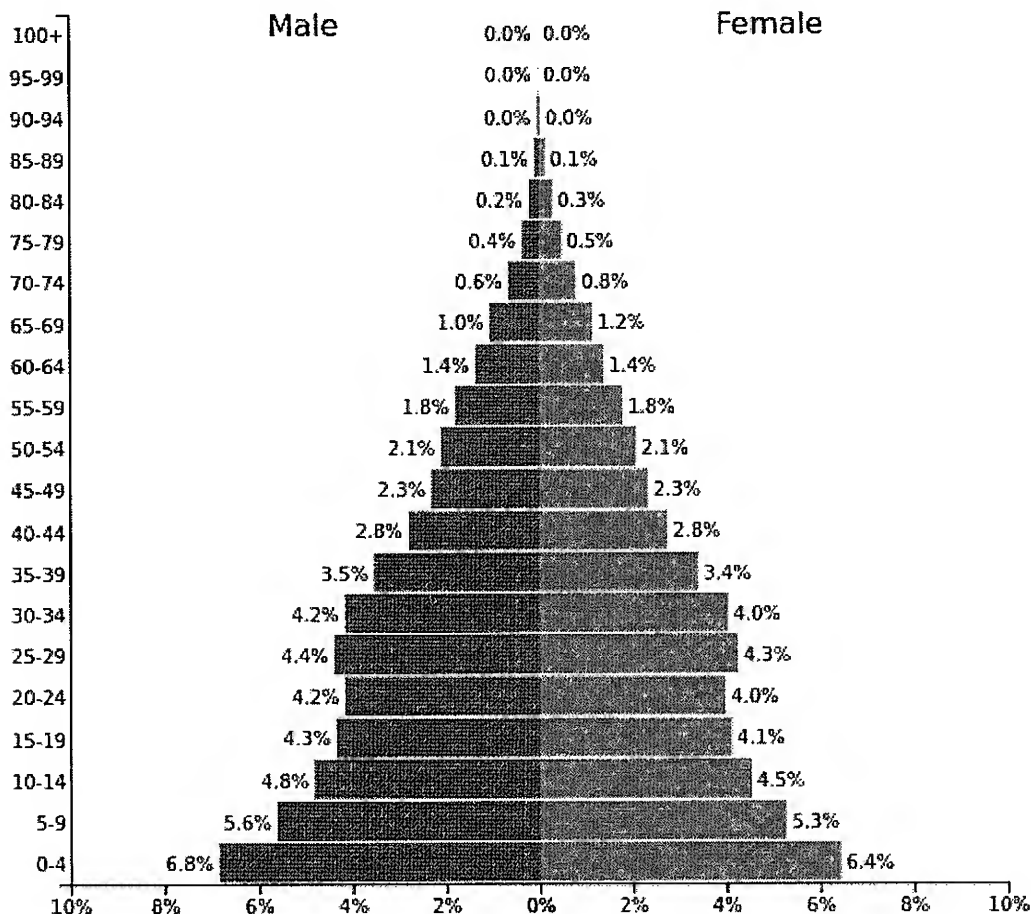




HIV/AIDS – adult prevalence rate	0.02%	2015	
HIV/AIDS – people living with HIV/AIDS	11,500	2015	
HIV/AIDS - deaths	300	2015	
Major infectious diseases:			
Degree of risk	Intermediate	2016	
Food or waterborne diseases	Bacterial diarrhea	2016	
	Hepatitis A		
	Typhoid Fever		
Water contact diseases	Schistosomiasis	2016	
Obesity – adult prevalence rate	27.7%	2014	
Children under the age of 5 years underweight	7%	2014	
Education expenditures	3.8% of GDP	2008	
Literacy: (definition: age 15 and over can read & write)			
Total population	73.8%	2015	
Male	82.2%		
Female	65.4%		
School life expectancy (primary to tertiary education):			
Total	13 years	2014	
Male	13 years		
Female	13 years		
Unemployment (youth age: 15-24)			
Total	34.3%	2013	
Male	28.7%		
Female	52.2%		



### Population Pyramid:



The population pyramid illustrates the age and sex structure of a country's population and may provide insights about political and social stability, as well as economic development. The population is distributed along the horizontal axis, with males shown on the left and females on the right. The male and female populations are broken down into 5-year age groups represented as horizontal bars along the vertical axis, with the youngest age groups at the bottom and the oldest at the top. The shape of the population pyramid gradually evolves over time based on fertility, mortality, and international migration trends.



## II. Size and Expected Growth of The Market

- Egypt has one of the largest healthcare markets in the Middle East and North Africa (MENA) region. In addition, it has a long history in medical practice, and in recent years the country has achieved several improvements in health indicators and health care provisions. Health care services are provided through two main categories - the public sector, and the private sector. The government is considered as the main provider of health care services in terms of capacity, expenditures, and the diversity of offered services. Despite the advancement that has been made in the basic public health, further expansion and greater investments from both the state and the private sector are still needed to address several challenges, such as the ageing infrastructure which is hindering the sector growth.
- Medical care offered by the public health insurance system is generally of poor quality. Government hospitals are known to be rife with negligence and generally provide minimal care. Only about 6% of Egyptians covered by the Health Insurance Organization actually utilize its services due to dissatisfaction with the level of services it funds.
- There is a tremendous increase in lifestyle related diseases such as diabetes, hypertension, obesity, heart (cardiovascular) and kidney (dialyses). Presently, the private sector plays an important role in providing care for these diseases.

## III. Analysis of Market by Segments

- Socio-economic segmentation
  - Upper Middle
  - Middle
- Demographic Segmentations
  - Age: Children (Pediatric), Adult (20-50), Geriatric above 50.
  - Sex: Females and Males
- Segmentation according to Payment Method
  - Cash Patients
  - Insured Patients



▪ Segmentation according to Medical procedures

- Inpatient
- Outpatient
- Operative selective
- Operative life saving
- Accidents and Trauma

▪ Geographical Segmentation

- Local patients. In Cairo and closed to Cairo
- International patients

**b. Competitors Analysis**

Hospital/Location	Ownership	Size		Strategy against them	Customers
		Beds	ICU / CCU Beds		
Dar Al Fouad hospital	Alameda HealthCare	170	54	Creating Patient oriented hospital Increasing scope of service and complexity of the service	A
Cleopatra hospital	Abraaj	170	17		A
As-Salam International hospital	Alameda HealthCare	225	56	Different hospitality experience Increasing patient loyalty	A
International Medical Center	Armed forces	800	63 ICU	Strong marketing and advertising strategy	A
Air force specialized hospital	Armed forces	400	41	Creating accredited centers of excellence Horizontal expansion of services	A
Al Nakheel hospital	Andalusia	100	40		B



**c. Internal Analysis:**

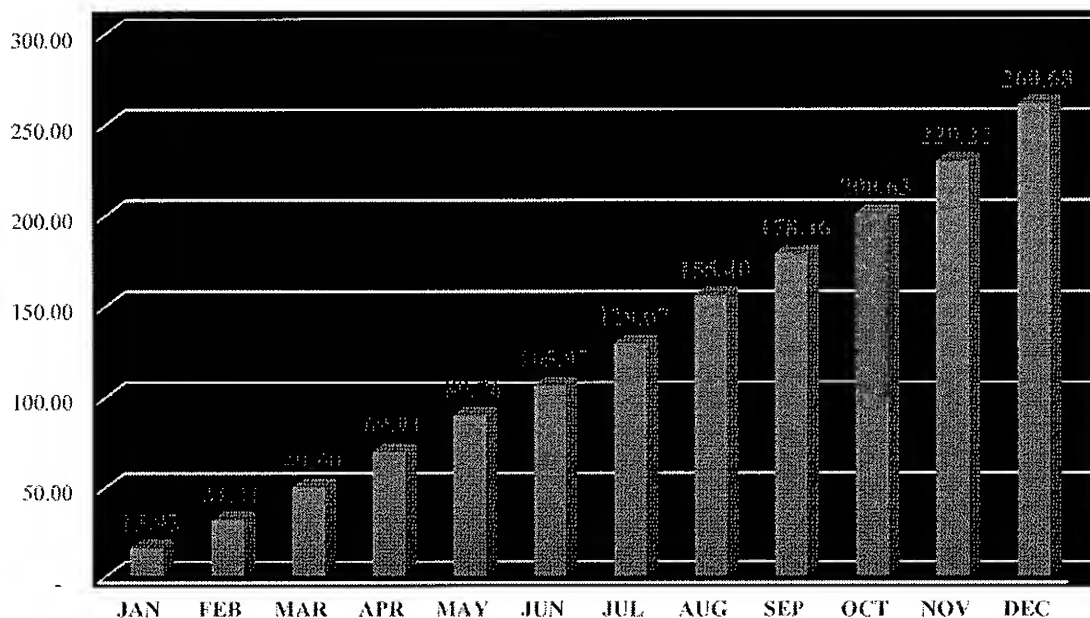
**i. Performance Analysis:**

**1. Net Revenue 2017 Analysis:**

**Net Grand Total: 260,675,710**

The next Graph is showing the revenue rate over 2017 by months:

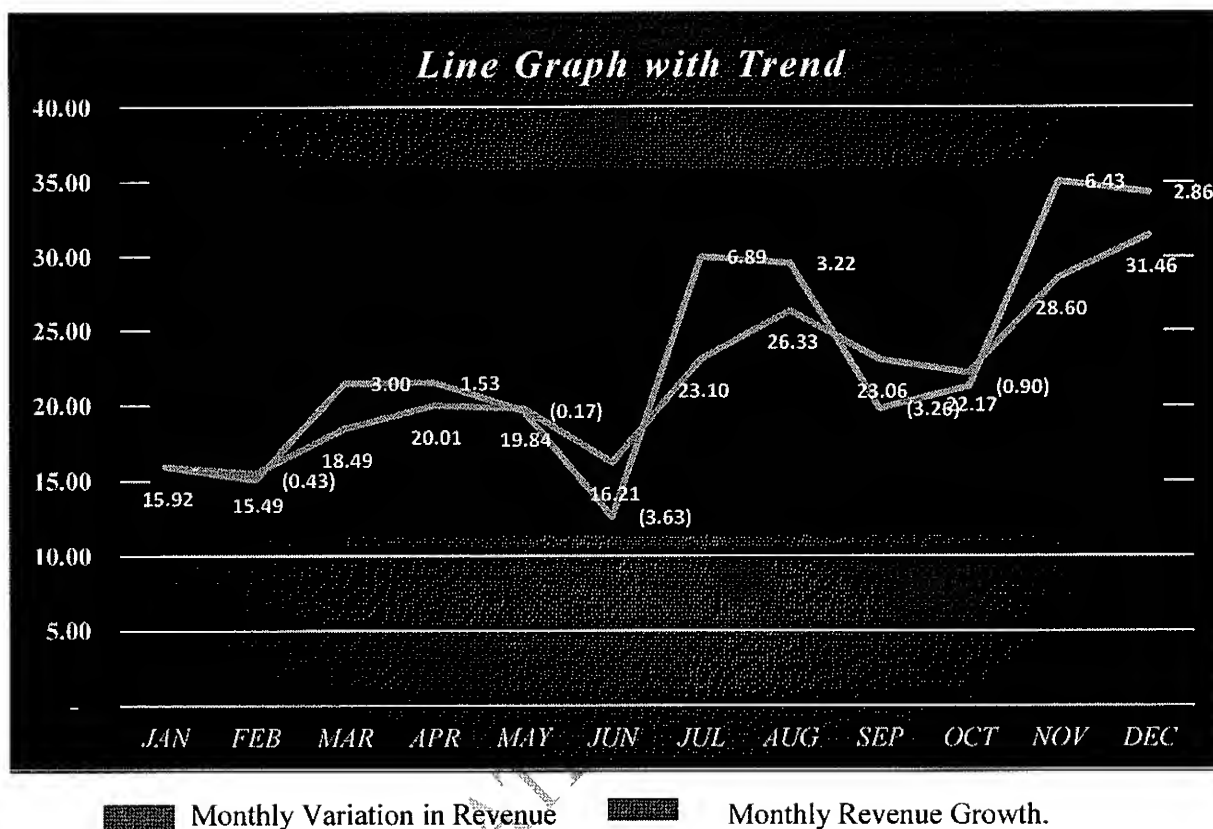
**Revenue Analysis By Month For 2017**



SGH CAIRO



Line Graph with Trend:



Analysis of Revenue:

No	Component	Type of Revenues	Actuals in the year 2017
1	<b>Grand Total</b>	Gross	310.7 M
2		Net	260.6 M
3	<b>Inpatient</b>	Gross	174.0 M
4		Net	140.5 M
5	<b>Outpatient</b>	Gross	136.7 M
6		Net	120.0 M



No	Component	Actuals in the year 2017	Target for the year 2018	Growth Rate
1	Gross Revenue	310.72 M	528.01 M	70 %
2	Net Revenue	260.67 M	440.01 M	69%
3	Gross Inpatient Revenue	174.01 M	295.69 M	70 %
4	Net Inpatient Revenue	140.59M	237.32 M	69%
5	Gross Outpatient Revenue	136.72 M	232.33 M	70 %
6	Net outpatient Revenue	120.09M	202.70 M	69%
7	Gross Cash Patients Revenue	112.62 M	190.09 M	69%
8	Net Cash Patients Revenue	106.06 M	178.57 M	68%
9	Gross Charge Patients Revenue	198.11 M	337.93 M	71%
10	Net Charge Patients Revenue	154.61 M	261.45 M	69%

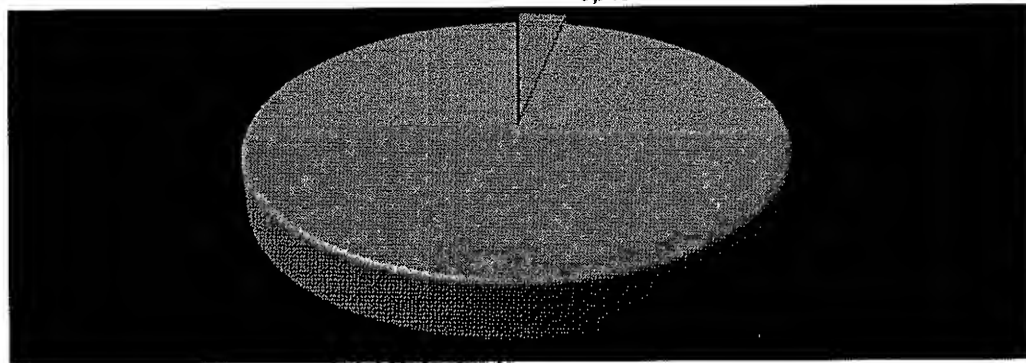


**2. Patient Analysis:**  
**Total Patients Number**

<b>No</b>	<b>Component</b>	<b>Actuals for the year 2017</b>
1	<b>Total Number of Patients</b>	<b>209,997</b>
2	<b>Total Inpatients</b>	<b>6,979</b>
3	<b>Total Outpatients</b>	<b>203,018</b>
4	<b>Total Cash Patients</b>	<b>37,406</b>
5	<b>Total Charge Patients</b>	<b>172,591</b>

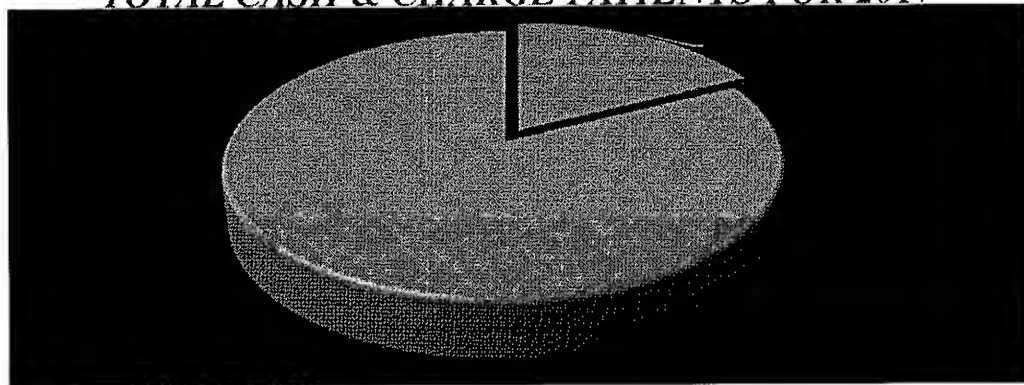
**TOTAL INPATIENTS & OUT PATIENTS FOR 2017**

Total Inpatients,  
6,979



Total Outpatients,  
203,018

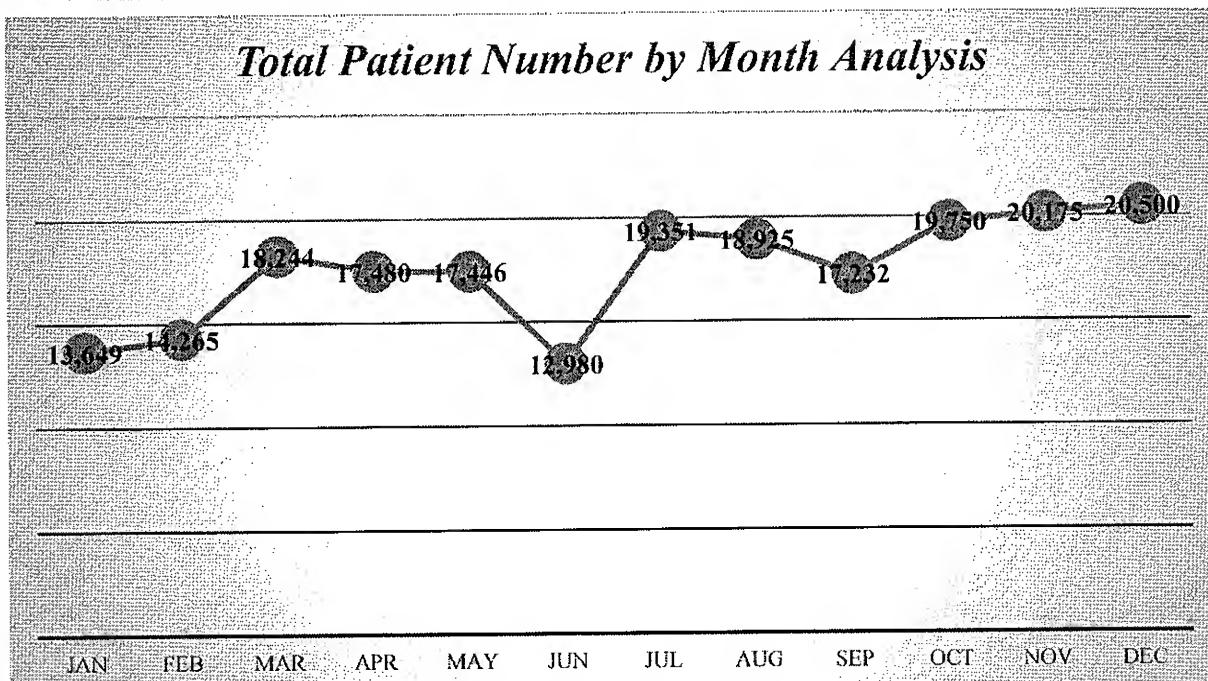
**TOTAL CASH & CHARGE PATIENTS FOR 2017**



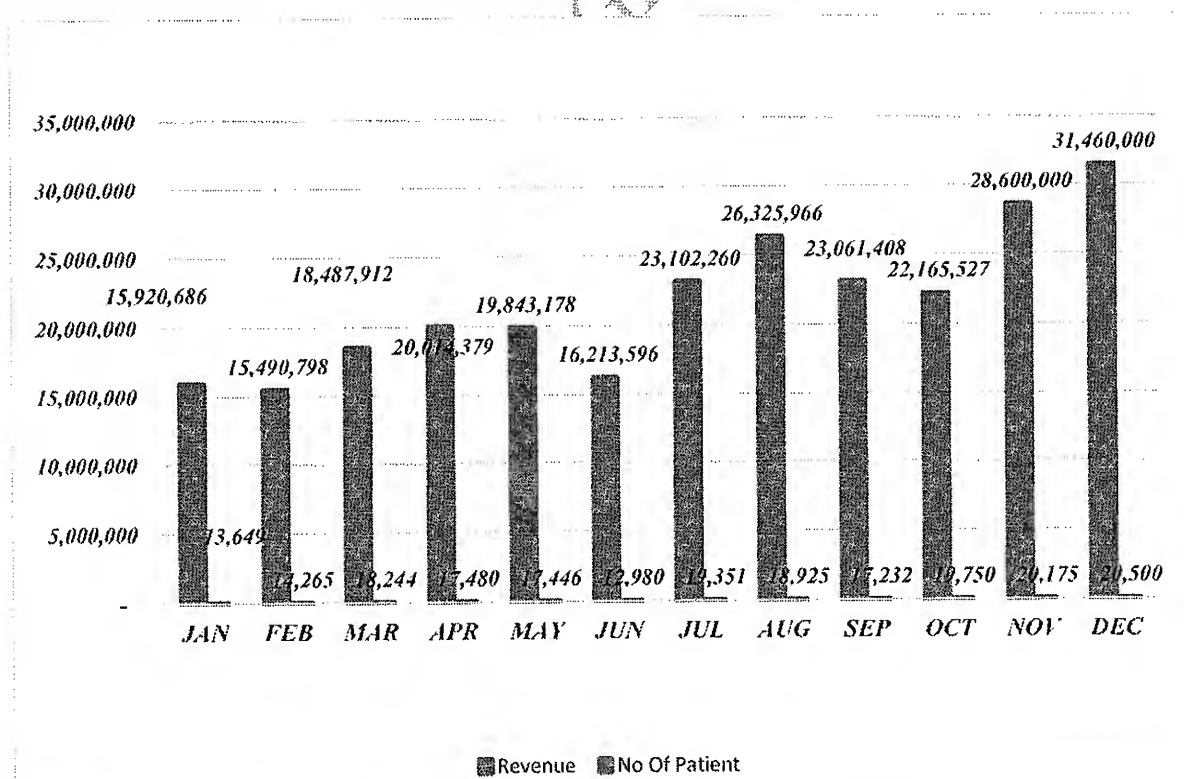




### Total Patient Number by Month Analysis

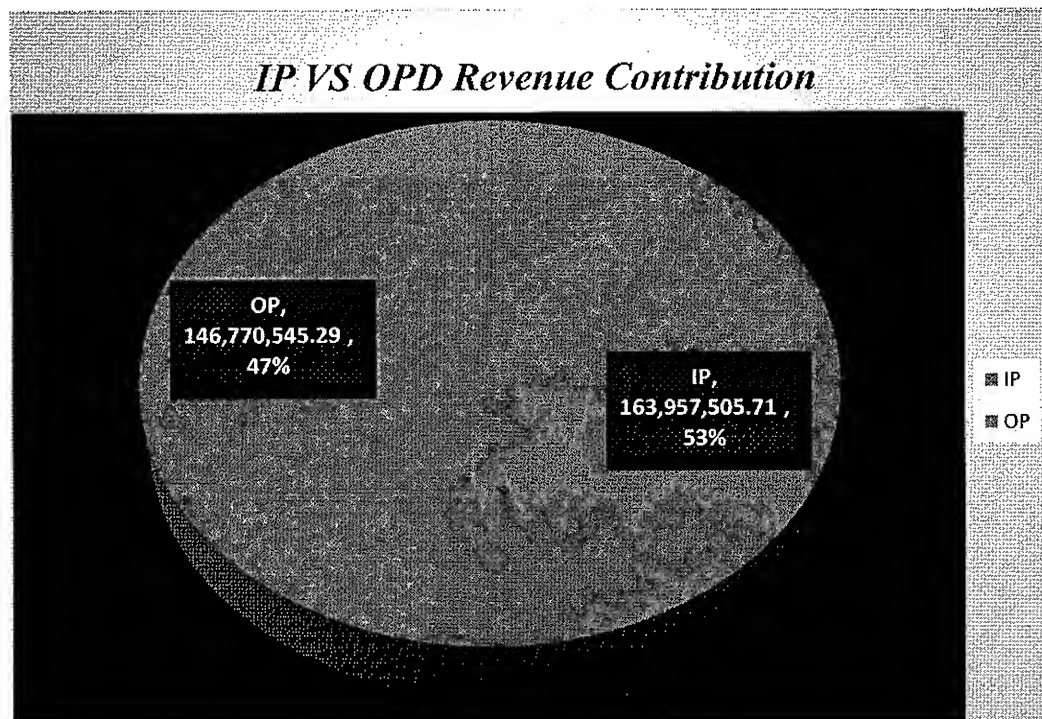


### Total Patients Numbers (OPD, ER & IP) vs. Revenue:

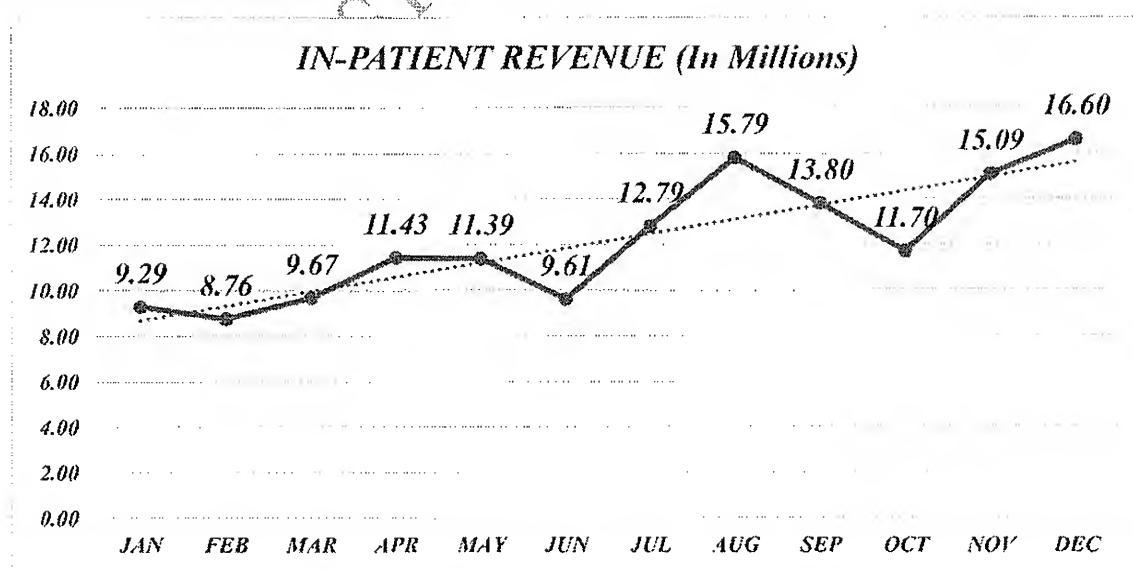




Inpatient Revenue vs. Outpatient Revenue:



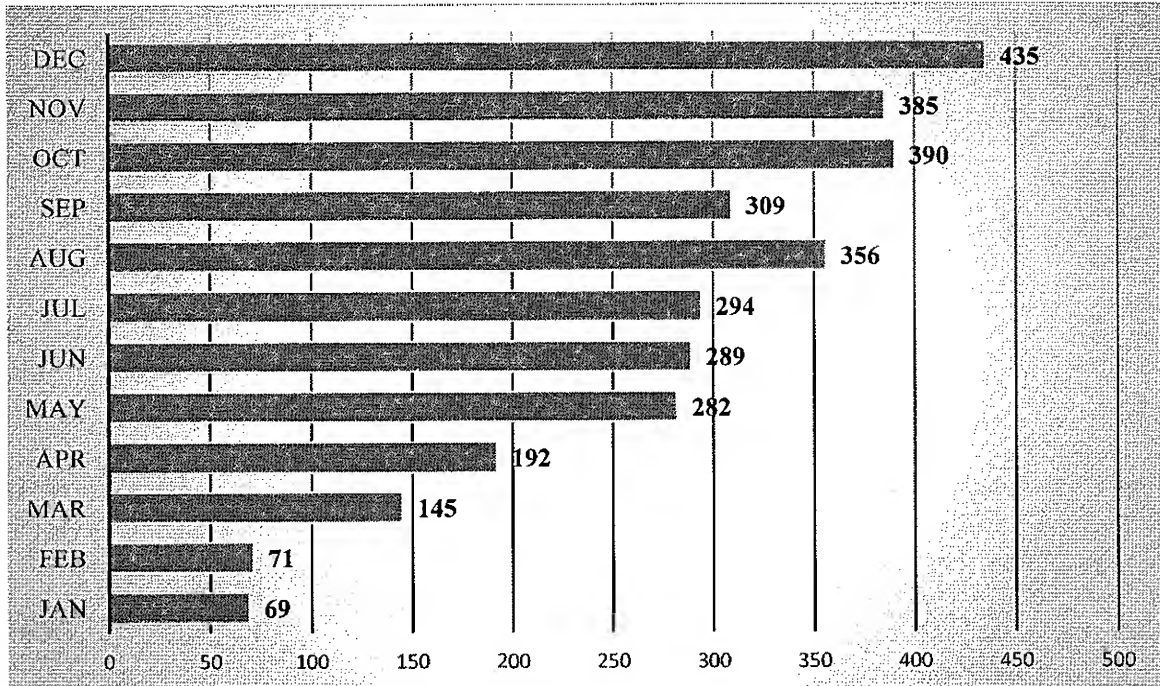
Inpatient Revenue over 2017 Months:





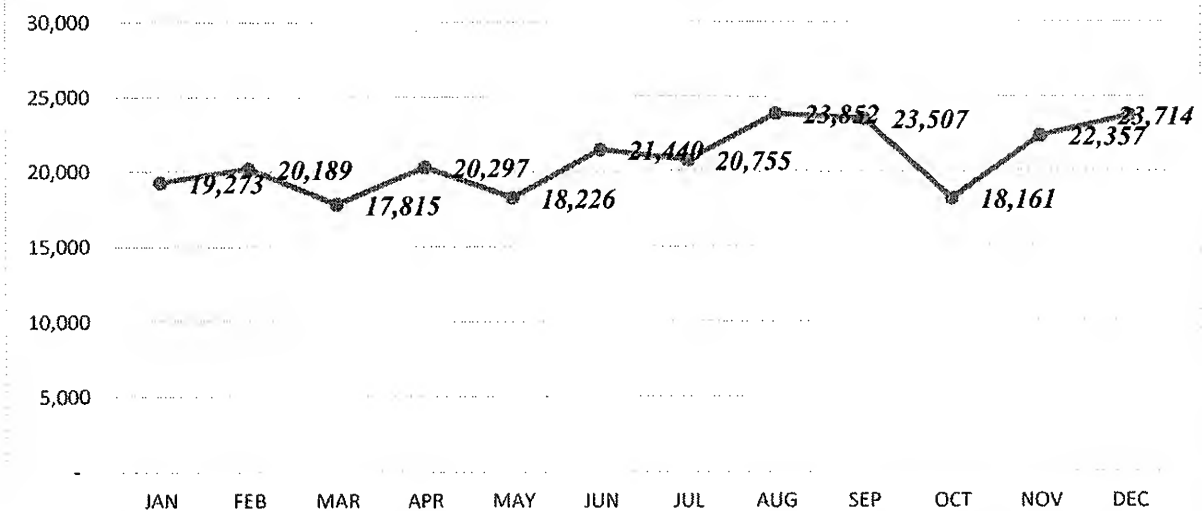
### 3. Average Revenue per patient

#### IP Numbers:



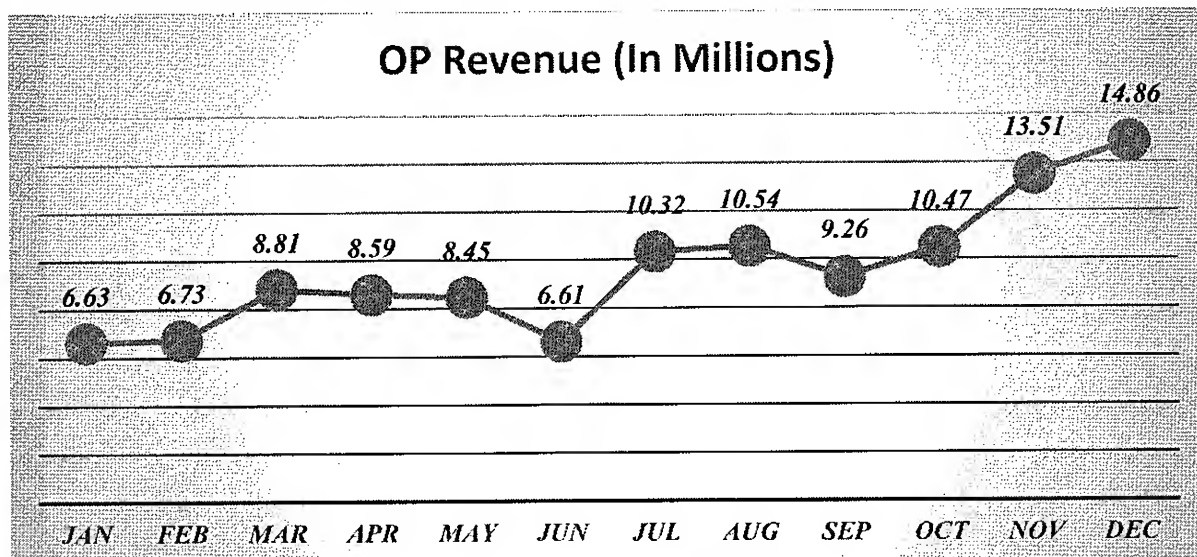
#### Average Claim for IP:

#### *IP Average Claim*

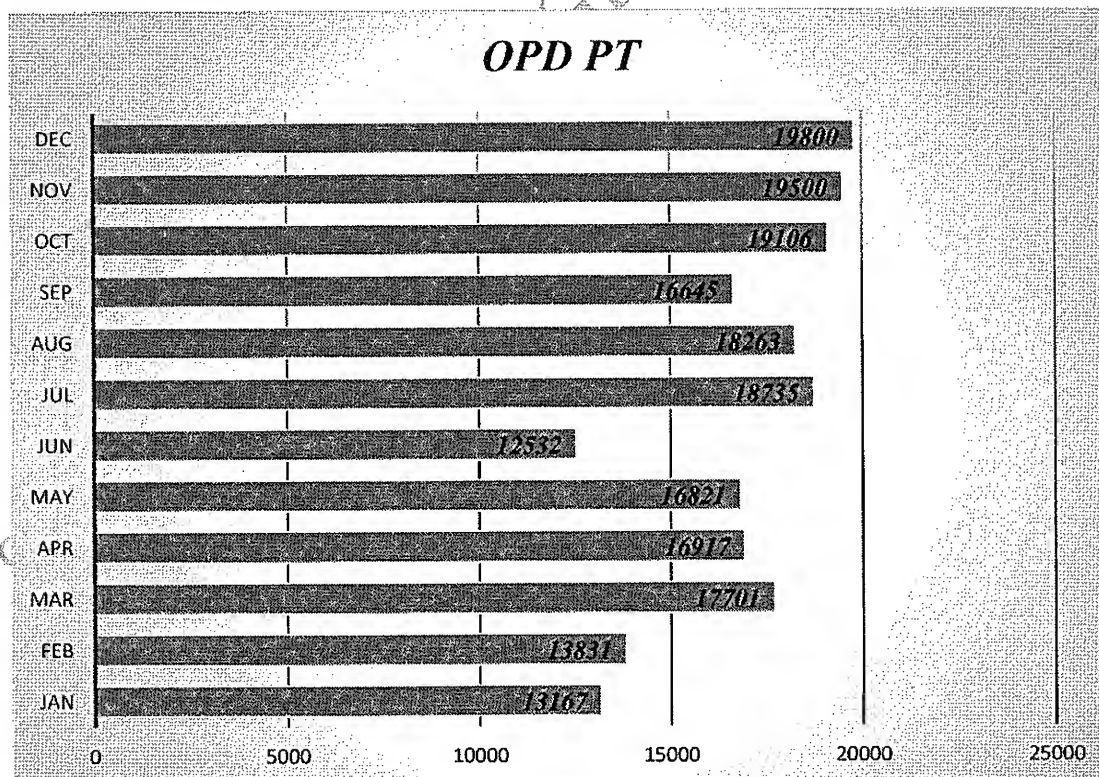




**Outpatient Revenue Over 2017 Months:**

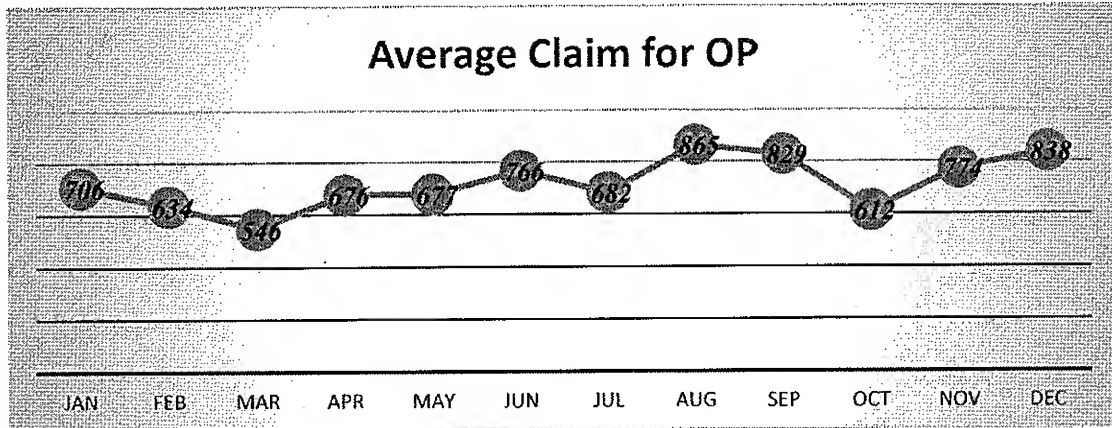


**OP Numbers 2017 :**





Average Claim for OP:



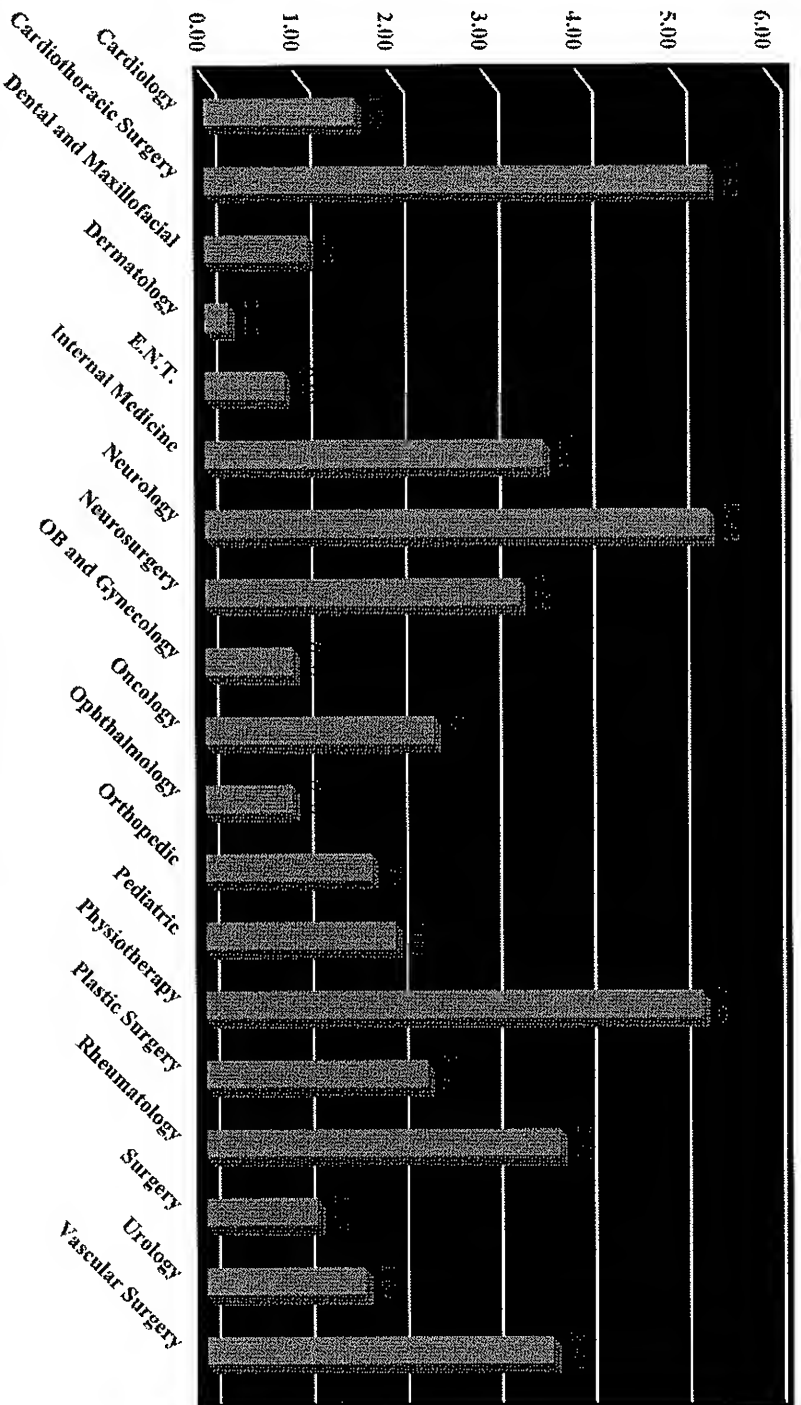


#### 4. Average length of stay (days):

Department	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Average
Cardiology	2	2	2	2	1	2	2	2	2	2	0	0	1.58
Cardiothoracic Surgery	13	7	7	9	5	4	4	5	5	5	0	0	5.33
Dental and Maxillofacial	1	1	1	1	1	0	1	1	5	1	0	0	1.08
Dermatology	0	0	0	0	0	0	0	0	2	1	0	0	0.25
E.N.T.	1	1	1	1	1	1	1	1	1	1	0	0	0.83
Internal Medicine	5	5	5	3	5	4	5	5	3	3	0	0	3.58
Neurology	4	6	8	3	7	5	17	5	6	3	0	0	5.33
Neurosurgery	1	4	5	4	3	5	5	3	4	6	0	0	3.33
OB and Gynecology	1	1	1	1	1	1	1	1	1	2	0	0	0.92
Oncology	6	1	1	2	2	3	3	3	5	3	0	0	2.42
Ophthalmology	1	1	1	2	1	1	1	1	1	1	0	0	0.92
Orthopedic	2	1	2	2	2	2	3	2	3	2	0	0	1.75
Pediatric	2	2	2	3	4	2	3	2	2	2	0	0	2.00
Physiotherapy	0	0	0	52	8	3	0	0	0	0	0	0	5.25
Plastic Surgery	1	3	1	2	1	10	4	3	1	2	0	0	2.33
Rheumatology	0	0	0	0	0	0	44	0	0	1	0	0	3.75
Surgery	2	2	1	1	1	1	1	2	1	2	0	0	1.17
Urology	1	1	2	2	2	2	2	4	2	2	0	0	1.67
Vascular Surgery	6	2	2	3	5	13	2	3	4	4	0	0	3.67
<b>ALS For the Hospital</b>													<b>2.48</b>



*The Total Average Length of Stay for all Specialties through  
the year 2017*



## 5. Medical Department Wise Analysis

### Revenue per Medical Department:

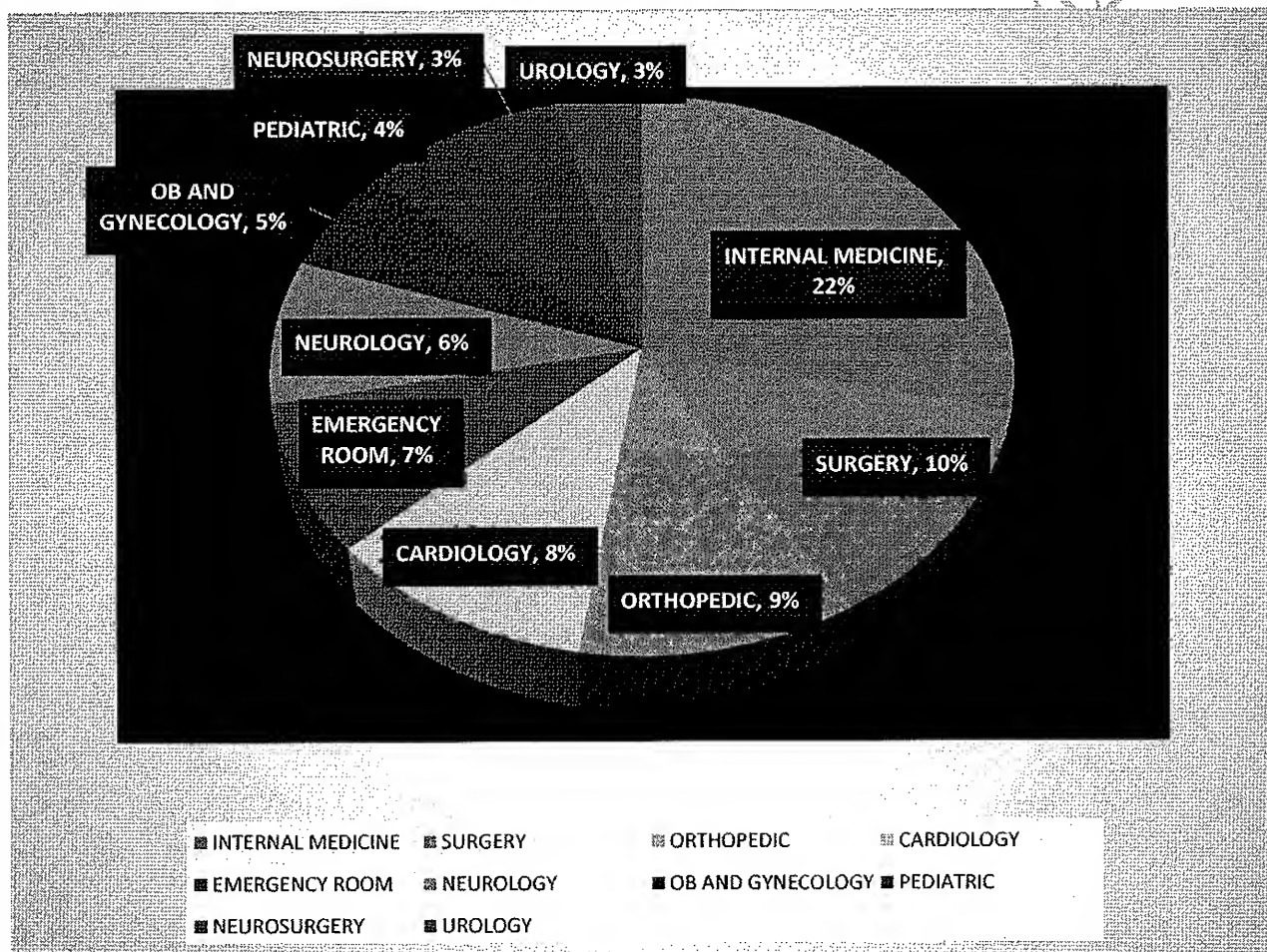
No	Department	Actuals in the year 2017 (Currency in EGP.)	
		Gross	Net
1	INTERNAL MEDICINE	67,474,291	58,364,644
2	SURGERY	30,597,036	25,292,671
3	ORTHOPEDIC	26,565,823	21,824,424
4	CARDIOLOGY	25,834,082	21,145,872
5	EMERGENCY ROOM	20,366,129	16,950,358
6	NEUROLOGY	19,736,492	16,701,775
7	OB AND GYNECOLOGY	14,140,570	11,679,113
8	PEDIATRIC	12,812,073	10,798,572
9	NEUROSURGERY	10,455,986	8,575,891
10	UROLOGY	9,603,392	8,113,640
11	PHYSIOTHERAPY	9,346,454	7,882,405
12	ANESTHESIA	9,012,725	7,297,511
13	E.N.T.	8,285,865	6,960,468
14	VASCULAR SURGERY	7,948,293	6,813,818
15	CARDIOTHORACIC SURGERY	6,932,180	5,936,294
16	MEDICAL IMAGING	5,562,681	4,427,220
17	PLASTIC SURGERY	5,197,760	4,312,571
18	DENTAL AND MAXILLOFACIAL	4,964,681	4,216,839
19	ONCOLOGY	4,414,698	3,779,914
20	DERMATOLOGY	4,358,162	3,659,369
21	OPHTHALMOLOGY	3,601,300	3,007,079





22	LABORATORY	1,741,886	1,482,297
23	PHARMACY	967,362	803,344
24	RHEUMATOLOGY	808,129	659,624

**Top 10 Medical Departments (Revenue-wise):**





**Medical Gross Revenue by Patient Type analysis:**

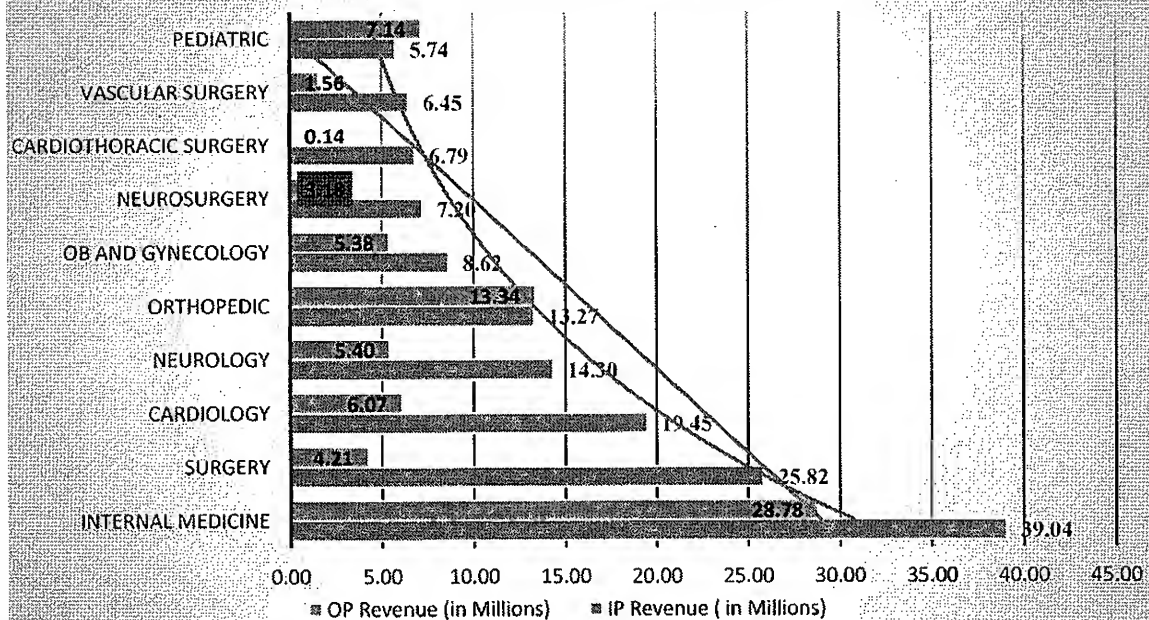
No	Department	Actuals in the year 2017	
		Inpatient Revenue	Outpatient Revenue
1	INTERNAL MEDICINE	39,039,019	28,781,099
2	SURGERY	25,820,311	4,208,326
3	CARDIOLOGY	19,445,040	6,065,983
4	NEUROLOGY	14,300,769	5,397,635
5	ORTHOPEDIC	13,266,967	13,344,064
6	OB AND GYNECOLOGY	8,620,964	5,381,609
7	NEUROSURGERY	7,197,151	3,177,565
8	CARDIOTHORACIC SURGERY	6,792,826	137,821
9	VASCULAR SURGERY	6,451,617	1,559,196
10	PEDIATRIC	5,736,595	7,144,637
11	ANESTHESIA	6,877,164	2,032,002
12	UROLOGY	5,230,640	4,409,758
13	PLASTIC SURGERY	4,549,897	469,970
14	ONCOLOGY	3,738,981	703,811
15	E.N.T.	2,933,882	5,400,608
16	MEDICAL IMAGING	1,355,109	3,967,198
17	DENTAL AND MAXILLOFACIAL	1,098,741	3,984,698
18	PHYSIOTHERAPY	1,037,952	8,494,972
19	OPHTHALMOLOGY	327,107	3,356,570
20	RHEUMATOLOGY	133,654	662,154
21	DERMATOLOGY	39,710	4,459,342
22	EMERGENCY ROOM	13,610	20,825,898
23	LABORATORY	-	1,779,492
24	PHARMACY	-	975,934
	Total	174,007,708	136,720,343



**Top Revenue Generating Medical Departments:**

<i>Department</i>	<b>IP</b>	<b>OP</b>
<b>INTERNAL MEDICINE</b>	39,039,019	28,781,099
<b>SURGERY</b>	25,820,311	4,208,326
<b>CARDIOLOGY</b>	19,445,040	6,065,983
<b>NEUROLOGY</b>	14,300,769	5,397,635
<b>ORTHOPEDIC</b>	13,266,967	13,344,064
<b>OB AND GYNECOLOGY</b>	8,620,964	5,381,609
<b>NEUROSURGERY</b>	7,197,151	3,177,565
<b>CARDIOTHORACIC SURGERY</b>	6,792,826	137,821
<b>VASCULAR SURGERY</b>	6,451,617	1,559,196
<b>PEDIATRIC</b>	5,736,595	7,144,637

**Top 10 Medical department IP Vs Op Revenue**



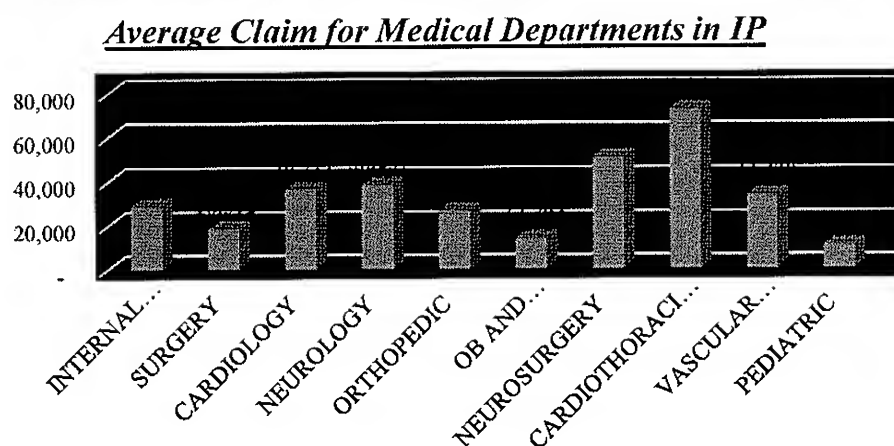


### Top 10 Medical Departments Regarding Patient Numbers:

- Inpatient:

No.	Department	Patients Number
1	INTERNAL MEDICINE	1,362
2	SURGERY	1,410
3	OB AND GYNECOLOGY	625
4	PEDIATRIC	558
5	CARDIOLOGY	537
6	ORTHOPEDIC	496
7	NEUROLOGY	374
8	VASCULAR SURGERY	193
9	NEUROSURGERY	142
10	CARDIOTHORACIC SURGERY	94

### Average Claim for medical departments in IP:





**Top 10 IP Diagnoses:**

No	ICD Code	Diagnosis	Total
1	J00	Acute nasopharyngitis [common cold]	6767
2	E09	Impaired glucose regulation	4686
3	M54.5	Low back pain	3690
4	J30.4	Allergic rhinitis, unspecified	3590
5	I10	Essential (primary) hypertension	3136
6	R07.4	Chest pain, unspecified	2973
7	J20	Acute bronchitis	2390
8	K58	Irritable bowel syndrome	2284
9	R51	Headache	2272
10	R10	Abdominal and pelvic pain	2228

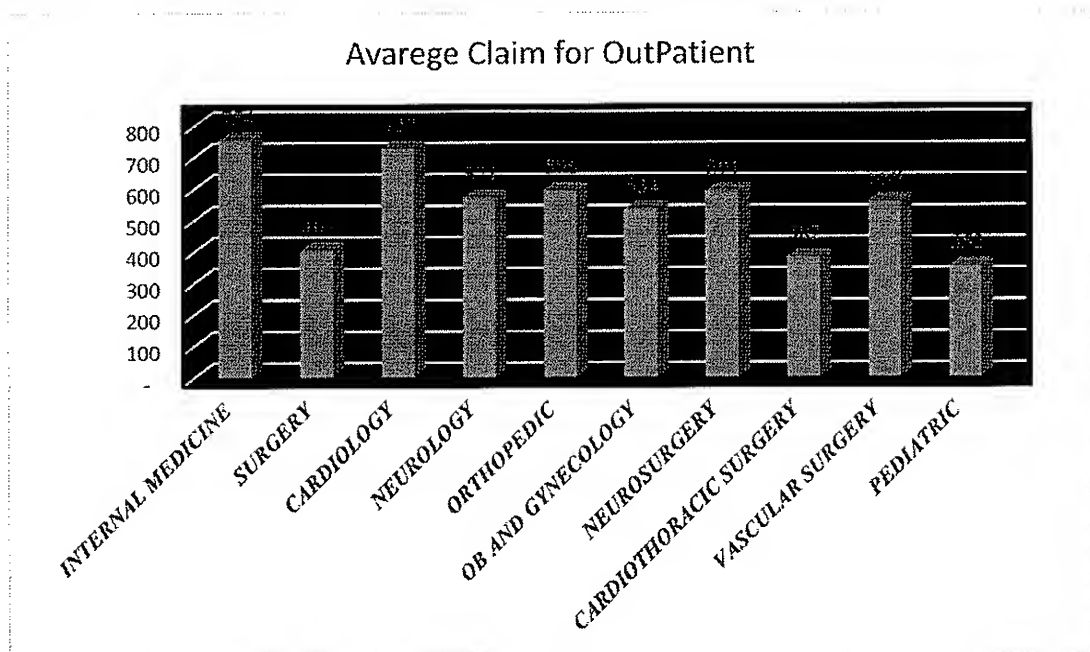
**Top 10 Medical Departments regarding Patient Numbers:**

• **Outpatient :**

No.	Department	Patients Numbers
1	INTERNAL MEDICINE	38,152
2	ORTHOPEDIC	22,404
3	PEDIATRIC	20,274
4	SURGERY	10,463
5	OB AND GYNECOLOGY	10,081
6	NEUROLOGY	9,461
7	CARDIOLOGY	8,348
8	NEUROSURGERY	5,378
9	VASCULAR SURGERY	2,790
10	CARDIOTHORACIC SURGERY	361



**Average Claim for Medical Departments in Outpatient:**



SGH CAIRO STRATEGIC





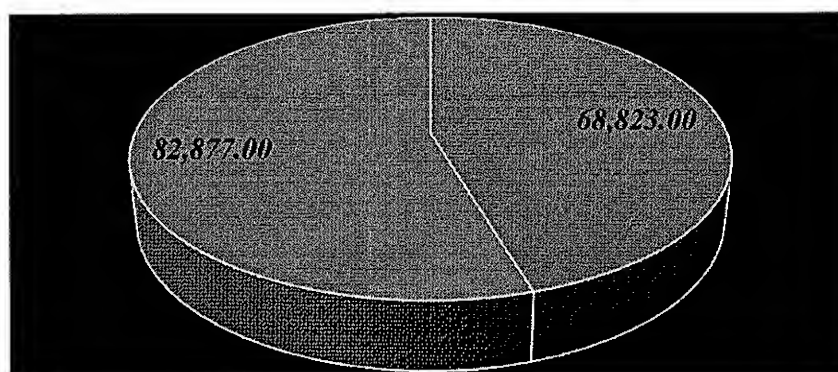
ii. Marketing Analysis:

1. Patient base analysis

1- Gender:

Gender	No
Female	68,823.00
Male	82,877.00

Patient Analysis by Gender wise



• Female • Male

2- Nationality:

Nationality	No. of Patients in 2017
EGYPTIAN	290330
SYRIAN	1438
LIBYAN	1320
SAUDI	944
SUDAN	610
YEMEN	460



PAKISTANI	298
NIGERIA	268
FILIPINO	266
JORDANIAN	262
IRAQI	184
KUWAIT	184
PALESTINE	168
KOREAN	160
BRITISH	158
CHINESE	158
AMERICAN	148
LEBANEN	128
INDIAN	118
SOMALIA	98
TURKI	90
FRENCH	72
QATARI	70
UAE	66
CHAD	54
RUSSIAN	50
CANADIAN	44
DJIBOUTIAN	40
UKRAIN	40
ALGERIA	36





CAMERROONIAN	36
SWISS	36
LIBERIAN	34
KENYA	32
AFRICAN	30
ITALY	28
JAPANESE	26
MOROCCAN	26
NETHERLAND	26
IRISH	22
NIGER	22
AFGHANISTAN	20
CHILEAN	18
SERBIAN	18
THAI	18
AUSTRALIA	16
GREEK	16
NORWEGIAN	16
BANGLADESHI	14
CROATIA	14
ETHIOPIA	14
GERMAN	14
TOGOLESE	14
ANDORRAN	12



ICELANDIC	12
ROMANIA	12
SOUTH AFRICAN	12
SOUTH KOREAN	12
SWEDISH	12
BEHRAIN	10
DANISH	10
MALAYSIAN	10
SPANISH	10
EQUADORIAN	8
KYRGYZ	8
UGANDAN	8
UZBEKISTAN	8
ZIMBABWEAN	8
BELGIUM	6
DENMARK	6
GUINEENNE	6
MALI	6
NECARAGUAN	6
OMAN	6
POLAND	6
SLOVAKIA	6
TAIWANESE	6
TUNISIAN	6



ERITREAN	4
GABONESE	4
GHANAIAN	4
LAOTIAN	4
MAURITANIAN	4
BRAZIL	2
BULGARIAN	2
BURKINAFASO	2
COLUMBIAN	2
CYPRIOT	2
DUTCH	2
GAMBIAN	2
HANGERIA	2
INDIONISA	2
IRAN	2
KYRGYZSTAN	2
MEXICAN	2
MAURACIUS	2
NEWZEALAND	2
SAUDI FOREIGN PASSPO	2
SRI LANKAN	2
TANZANIA	2



### 3- Age Groups:

Age Group	Out-Patient		In-Patient	
	Male	Female	Male	Female
0-20 YEARS	15303	13446	514	444
21-30 YEARS	16946	16238	386	422
31-40 YEARS	20832	14773	479	394
41-50 YEARS	11897	7569	374	240
51-60 YEARS	8429	5958	437	227
61 & ABOVE	6692	6477	588	454

### 2. Client analysis

SGH-Cairo is receiving patients from 29 insurance companies, plus direct contracts (ex. Syndicates, Judicial bodies...)

#### Top 10 Insurance Companies:

No	Name of the Insurance Companies	Actuals in the year 2017 (In Millions)	Target for the year 2018 (In Millions)
1	METLIFE	43.7	73.7
2	AXA	11.8	20.9
3	MED RIGHT	10.6	18.0
4	BUPA	10.0	17.0
5	ALAHLY MEDICAL	8.8	15.9
6	PRIME HEALTH	8.0	13.6
7	SAUDI NEXTCARE	7.9	12.6
8	GLOBEMED SAUDI (GMS)	7.1	11.3
9	DIAMOND MEDICAL SERVICES	3.8	6.0
10	MEDNET - ADMINISTRATION	3.5	5.4



**Insurance companies Business Break up Analysis (Revenue)**

No	Insurance Company.	Actuals in the year 2017 (In Millions)		Target for the year 2018 (In Millions)	
		OP	IP	OP	IP
1	METLIFE	28.16	15.53	47.53	26.21
2	AXA	5.66	6.18	9.98	10.89
3	MED RIGHT	6.29	4.35	10.63	7.36
4	BUPA	7.35	2.69	12.46	4.56
5	ALAHLY MEDICAL	3.69	5.07	6.71	9.23
6	PRIME HEALTH	4.33	3.69	7.35	6.27
7	SAUDI NEXTCARE	4.41	3.47	7.05	5.56
8	GLOBEMED SAUDI (GMS)	3.55	3.51	5.68	5.61
9	DIAMOND MEDICAL SERVICES	2.21	1.56	3.54	2.49
10	MEDNET	1.99	1.51	3.09	2.34



**Top 10 Direct Contracts**

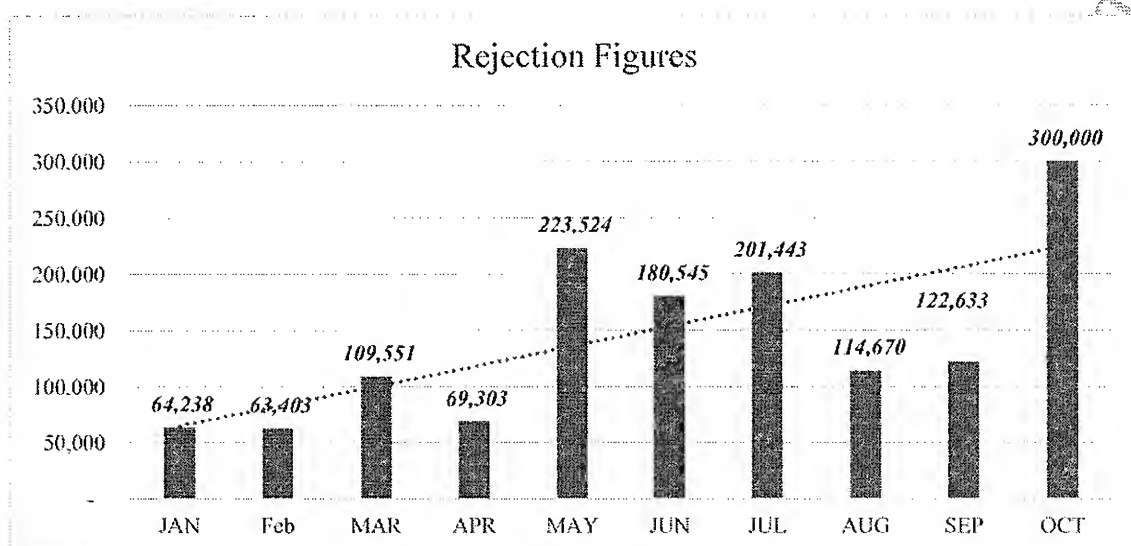
<b>Company</b>	<b>Amount</b>			<b>Number</b>		
	<b>OP</b>	<b>IP</b>	<b>Total</b>	<b>OP</b>	<b>IP</b>	<b>Total</b>
Engineers Syndicate - Medical Project	634,775	10,525,995	11,160,770	9,963	306	10,269
Judicial Organization (Members)	2,584,175	4,078,982	6,663,157	3,662	139	3,801
Petroleum Belayim-Employees & Families	535,456	790,421	1,325,876	659	38	697
North Cairo Electricity Distribution Company	207,355	729,275	936,630	403	38	441
Agiba Petroleum Company	409,562	367,804	777,366	474	27	501
Sino Tharwa Drilling Company	303,207	272,930	576,137	283	15	298
Suez Oil Company ( Suco )	200,617	348,412	549,029	161	9	170
Petroleum Air Services	248,152	291,683	539,835	254	18	272
Egyptian General Petroleum Corp.(egpc)	88,032	390,797	478,829	123	6	129
CIB-Commercial International Bank	265,496	185,923	451,419	817	13	830



### Rejections:

Total Rejections for 2017: 1,449,310 EGP (with average percentage 2% of total submission)

Rejections from JAN. 2017 to Oct. 2017:



### 3. Category analysis

Patient Category	Revenue		No. of Patients
	Gross Revenue	Net Revenue	
Cash		106.0 M	37,406
Charge	198.1 M	154.6 M	172,591

### 4. Case Mix

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Total
OP	1078	1082	50	1167	1095	701	1151	1192	1222	13350	22088
IP	44	34	50	32	41	13	11	43	27	46	341





## 5. Activity analysis

No	Activity	Number of activities conducted in 2017
1	Sales Promotion	4
2	Outreach Program	43
3	Community Activities	46
5	Press Release	84
6	Exhibitions	1
7	Conference	4
8	Facebook Campaigns	48
9	Twitter Campaigns	12
10	LinkedIn Campaigns	12
11	Al Akhbar newsletter	2
12	Clients Visits	2880
13	Marketing Committee Meeting	48
14	Client of the Week Presentation	48
15	Satisfaction surveys	10702
16	Exhibitions	1

Department	Core Competence	Weakness	Operational improvement plan	Remarks
Food and Beverages	<ul style="list-style-type: none"> <li>- Well-designed &amp; equipped kitchen with good infrastructure</li> </ul>	<ul style="list-style-type: none"> <li>1- Department is operating by outsourcing company without experience in healthcare or hotel fields</li> <li>2- missing Patient service tools, good Patient Trolleys, Branded china ware &amp; packaging and disposable materials</li> </ul>	<ul style="list-style-type: none"> <li>1- purchasing all missing tools</li> <li>2- In-house operation for the part of the servicing by SGH well trained staff.</li> </ul>	
Safety	<ul style="list-style-type: none"> <li>- Integrated &amp; intelligent fire alarm system</li> </ul>	<ul style="list-style-type: none"> <li>- There are no separate smoke ducts all over the hospital</li> </ul>	<ul style="list-style-type: none"> <li>- Reconstruction project to provide smoke ducts with strong smoke fans specially at main corridors&amp; emergency pass ways and connect it to the fire alarm system. So, smoke suction starts with the alarm activation.</li> </ul>	<ul style="list-style-type: none"> <li>- Starting for that project after full operation</li> </ul>

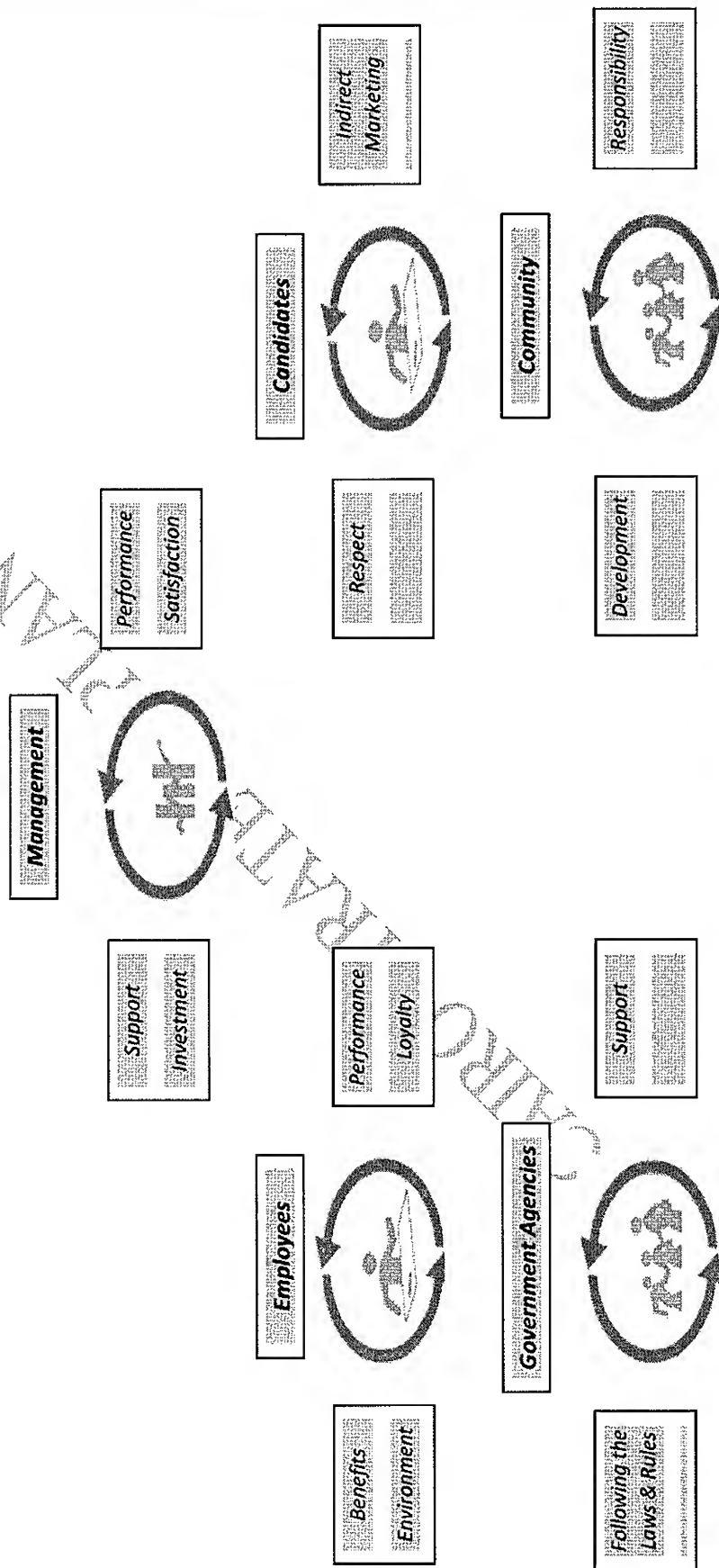


<i>Bio Medical</i>	- Biomedical maintenance software	- Lack for CMMS	- developing CMMS program. Discussed with IT and it is in process.	
<i>Maintenance</i>	1- Hospital is equipped with the highest brand names in mechanical and electrical systems (like YORK, Grundfos, ABB, Schneider ,...) with backup for each system as well. 2- Multistages water treatment station.	1- Some modifications needed to meet JCI standards. 2- High electric power consumption. 3- Most of radiology equipment not covered by UPS.	1- Reconstruction and modifications to fulfill JCI requirements. 2- Perform some plans to reduce power consumption (change to LED as per 2018 plan) 3- Purchase and connect MRI and Cath lab to UPS's	- Coherent maintenance team can be considered as competency for the hospital.
<i>Admission &amp; Discharge</i>	1- Making admission process in short time 2- Dealing with patients clearly specially in finance	1- Discharge IT module 2- Shortage of manpower	- With the cooperation of the IT department, to fix all the bugs in the module - Separating the teams of the section into Admission team and Discharge team	
<i>Laundry</i>	1- Well-designed & equipped laundry with good infrastructure 2- Using the best chemicals in the market 3- Express hotel laundry service to the patients and their companions	- no dry-clean machine.	Purchasing Dry-clean machine with the cooperation of the MTM	

<p>- Having free valet, doormen and bellmen in the main gate of the hospital</p> <p>- Order taker in each department 24/7</p>	<p>Each order taker has a separate telephone number in each section</p>	<p>Having one number as an order taker 24/7 handling all the departments (HK, Laundry, Security, Kitchen &amp; Maintenance)</p>	
<p>Security</p>	<p>- Using the best CCTV cameras (Bosch) with very good specs</p>	<p>1 - The capability of storage for the cameras is 1-week time saving</p> <p>2- Still we have blind areas in the hospital where the available cameras could cover it.</p>	<p>1- increasing the storage capacity into 1 month recalling period</p> <p>2- increase the numbers of CCTV cameras</p>
<p>Housekeeping</p>	<p>- Continuous orientation and training of the outsource staff to ensure they were equip with all the policies and procedures of the Hospital which includes Safety, Infection control policies, Company Policies, and Procedures.</p>	<p>- Insufficient supply of cleaning equipment and materials such as heavy-duty suction machine, buffing machine, stand fan, and hand washing materials</p>	<p>- Working on the update of heavy duty cleaning equipment</p> <p>- Intensify the orientation program which starts from the HR Dept. to all housekeeping staff.</p> <p>- Additional equipment will be in addition from a professional specialize company.</p>

#### iv. HR Analysis:

- To achieve our target, we have to identify our stakeholders and know well what we need from them and what they need from us.
- The expectations of our stakeholders are one of our target.





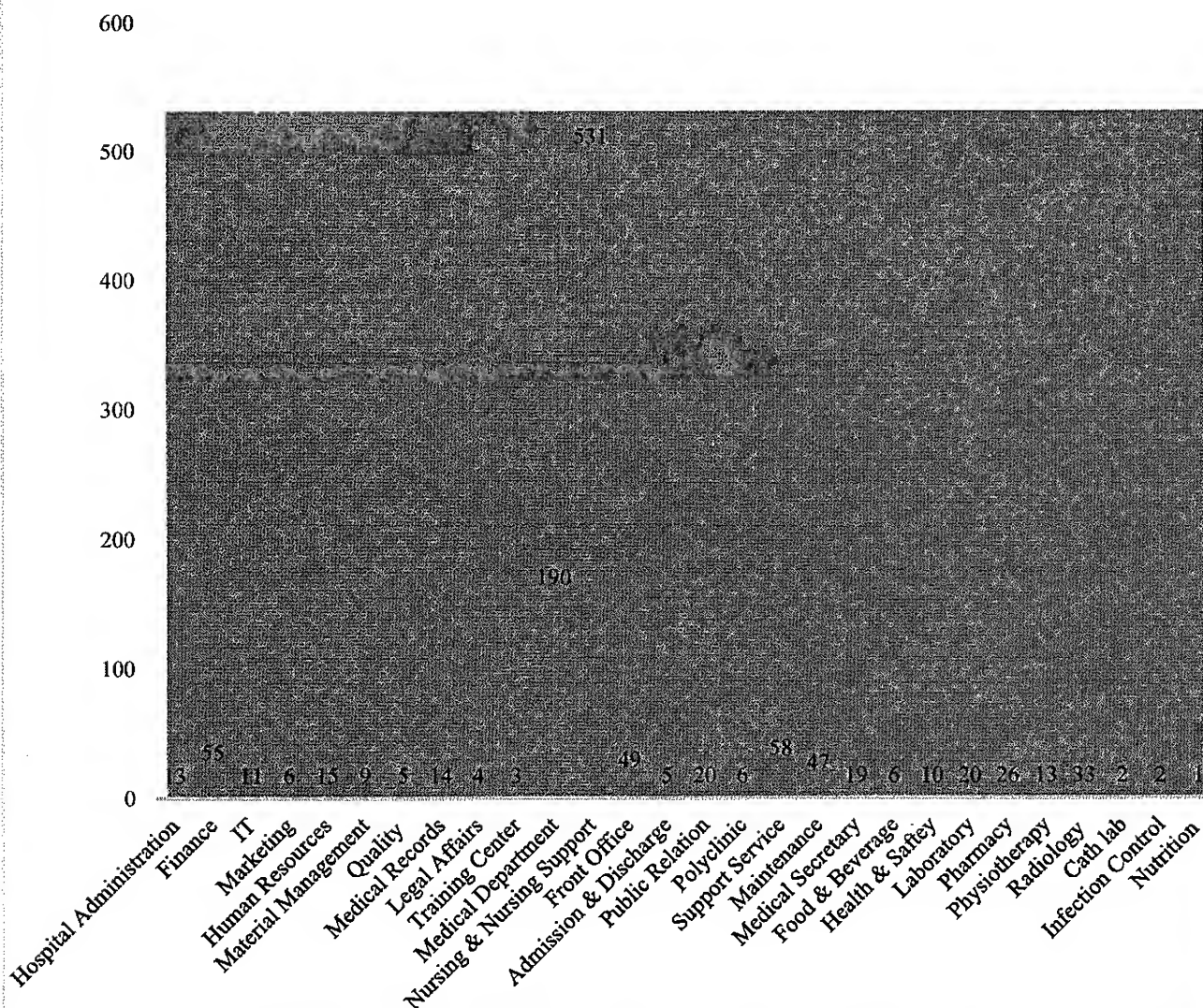
**1. Manpower – Department Wise:**

S.	Department	Manpower
1	Hospital Administration	13
2	Finance	55
3	IT	11
4	Marketing	6
5	Human Resources	15
6	Material Management	9
7	Quality	5
8	Medical Records	14
9	Legal Affairs	4
10	Training Center	3
11	Medical Department	190
12	Nursing & Nursing Support	531
13	Front Office	49
14	Admission & Discharge	5
15	Public Relation	20
16	Polyclinic	6
17	Support Service	58
18	Maintenance	47
19	Medical Secretary	19
20	Food & Beverage	6
21	Health & Safety	10
22	Laboratory	20
23	Pharmacy	26
24	Physiotherapy	13
25	Radiology	33
26	Cath. lab	2
27	Infection Control	2
28	Nutrition	1
Grand Total		1173





## Manpower - Department Wise



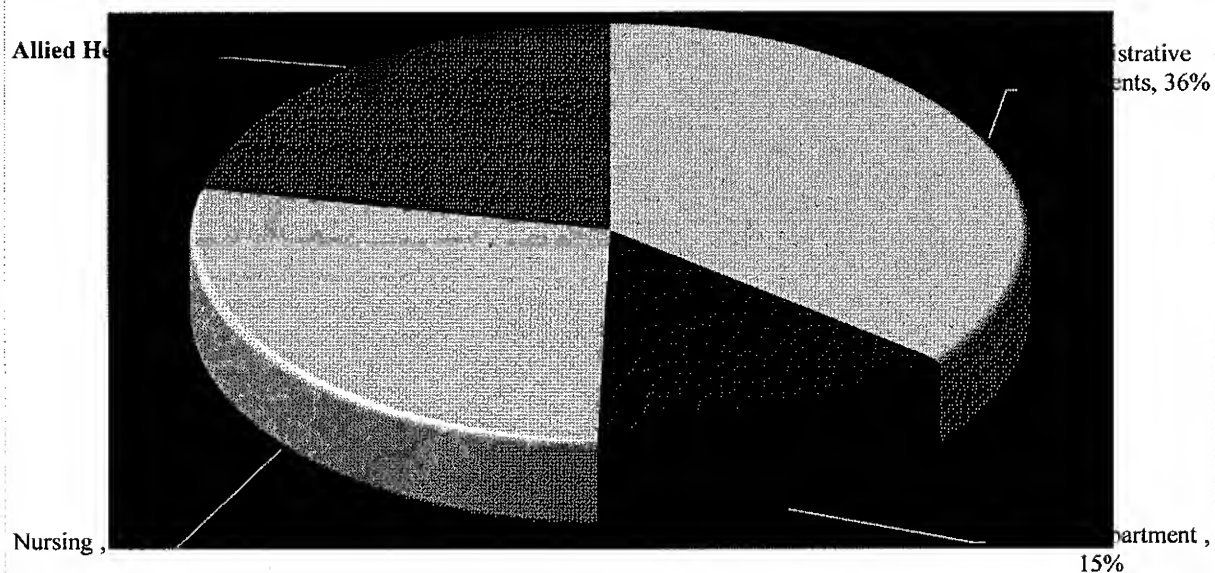




## 2. Manpower – Category Wise:

	Manpower	%
Administrative Departments	354	36%
Medical Department	192	15%
Nursing	543	28%
Allied Health	84	22%
<b>Total</b>	<b>1173</b>	

SGH - Cairo Manpower / Category



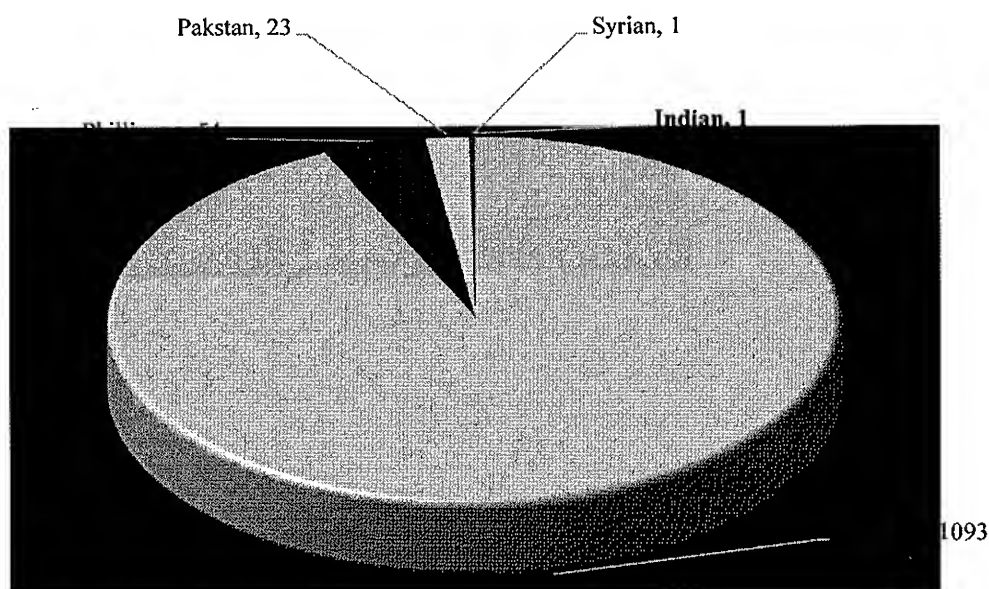


### 3. Manpower – Nationality Wise:

- One of our Strengths Points (Different Nationalities).

Nationality	Manpower	%	
Egyptian	1093	93.2%	93.2%
Pilipino	54	4.6%	6.8%
Pakistan	23	2.0%	
Indian	2	0.2%	
Syrian	1	0.1%	
Total	1173		

Manpower - Nationality Wise



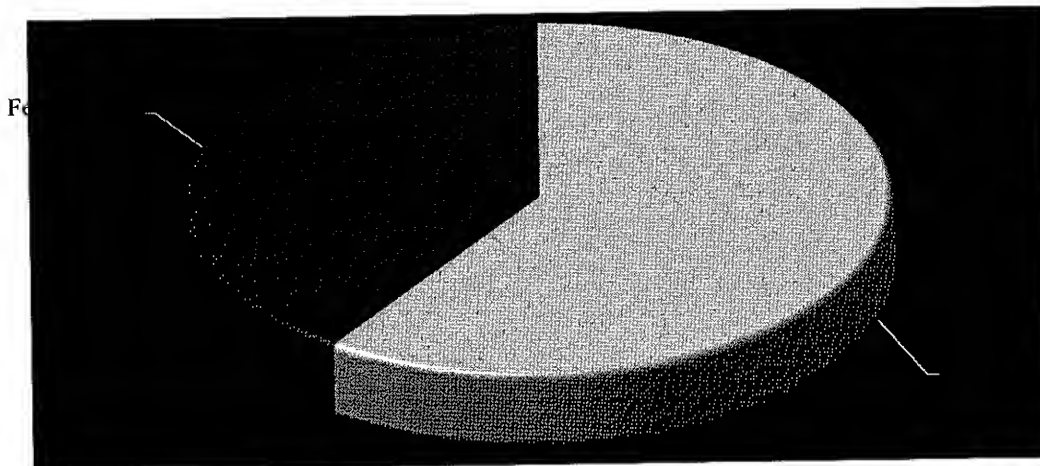


#### 4. Manpower – Gender Wise:

- One of our Risk Points (40% Females).

Gender	%
Male	60%
Female	40%

Manpower - Gender Wise



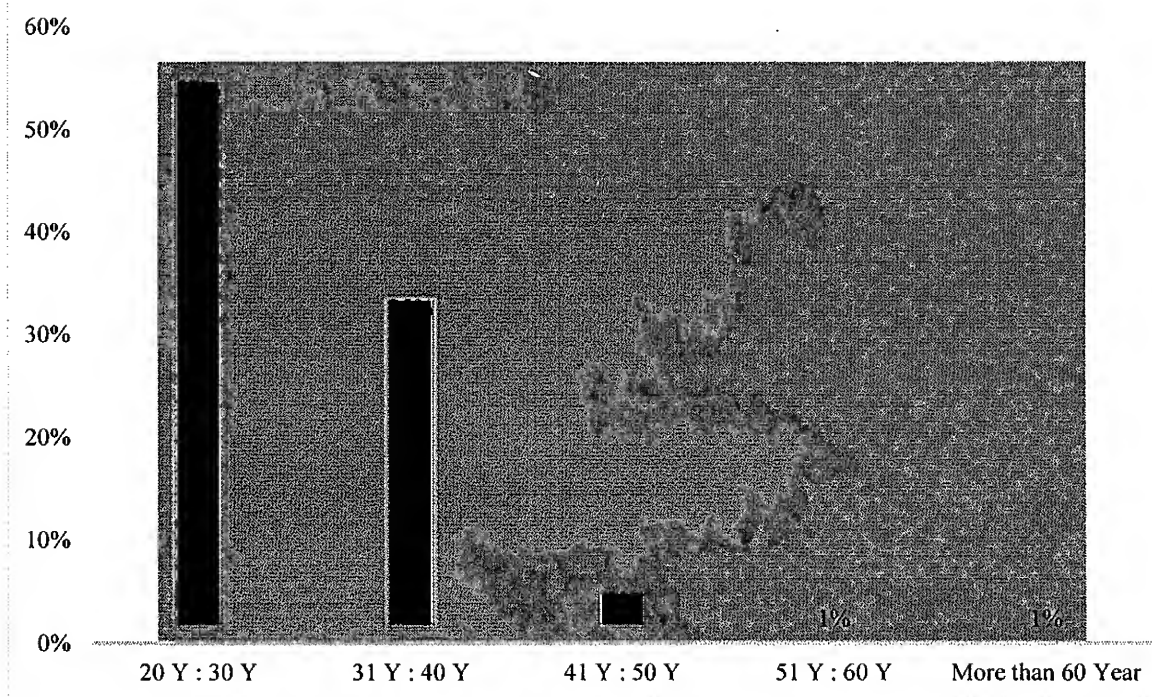


### 5. Manpower – Age Wise:

- One of our Strengths Points (92% from the staff below 40 years old).

Age / Year	% of Manpower	Num.
20 Y : 30 Y	57%	663
31 Y : 40 Y	35%	413
41 Y : 50 Y	7%	78
51 Y : 60 Y	1%	11
More than 60 Year	1%	8
<b>Total</b>		<b>1173</b>

Manpower - Age Wise



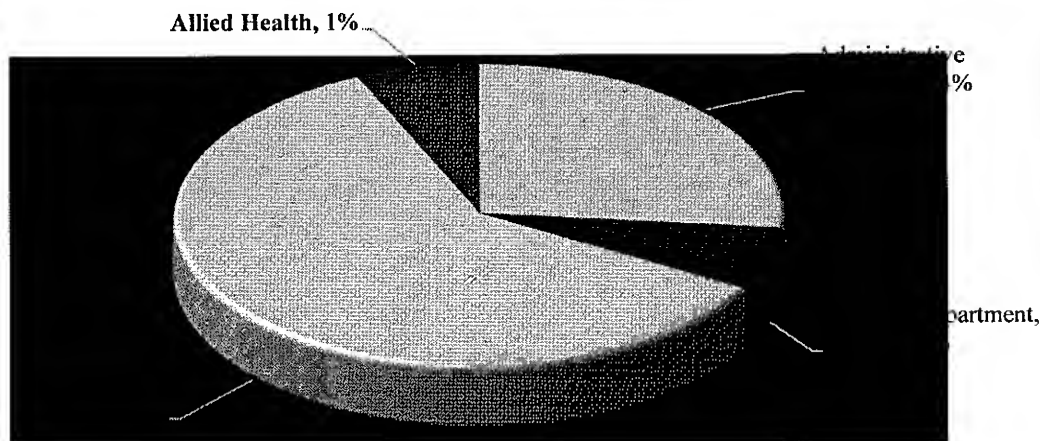


### 6. Turnover – Category Wise:

- One of our Risk Points (40% Females).

	%
Administrative Department	4%
Medical Department	1%
Nursing	9%
Allied Health	1%
Total	16%

### Turnover Per Category





v. IT

*Hospital Information System (Current State)*

**Patient Centric Modules:**

No	Module Name	Technology
1	Patient Registration & Out-Patient Billing (Front-Office)	Desktop Application
2	Appointment (PMS)	Web Application
3	Admin, Discharge and Transfer (ADT)	Desktop Application
4	In-Patient Billing	Desktop Application & Web
5	Medical Records	Web Application
6	Ward Management	Web Application
7	Operating Theater	Web Application
8	Infection control (Reports)	Web Application
9	Blood Bank	Desktop Application
10	Laundry	Web Application
11	Dietary	Web Application
12	Dialysis	Web Application
13	Doctor Module	Desktop Application
14	Inventory	Desktop Application
15	Human Resource	Web Application
16	LAB Module	Desktop Application
17	X-Ray Module	Desktop Application
18	Phlebotomy	Desktop Application
19	Cath-Lab	Web Application
20	Physiotherapy	Desktop Application
21	IT Administration	Desktop Application & Web





22	<i>Equipment Interfaces</i>	Desktop Application
23	<i>PACS Integration</i>	Web Application
24	<i>Patient Results Portal</i>	Web Application

### Financial (Back-Office) Modules:

No	Module Name	Technology
1	<i>General Cashier</i>	Web Application
2	<i>Oracle General Ledger</i>	Oracle Application
3	<i>Oracle Accounts Payable</i>	Oracle Application
4	<i>Oracle Purchasing</i>	Oracle Application
5	<i>Oracle Inventory</i>	Oracle Application
6	<i>Oracle Fixed Assets</i>	Oracle Application

### BI & Reporting Tools

No	Module Name	Technology
1	<i>QlikView</i>	QlikView
2	<i>MCRS</i>	Web Application
3	<i>SGH-Cairo Local Reporting Portal</i>	Web Application

### Future Projects

No	Module Name	Technology
1	<i>Lab Equipment Interface (Integration with HIS)</i>	Desktop Application
2	<i>General Maintenance &amp; Module Software</i>	Desktop Application
3	<i>Rejection &amp; Reconciliation Module</i>	Desktop Application





### *Channels and Routes of Communication of Information*

The channels and routes for the communication of Information are:

**Internet Service:** ICT department is responsible and providing the internet service to those who required it for Business purpose

**Intranet Portal** – <http://sgh-cairo> is the intranet portal that provides information for both management and employees.

**Group e-Mail** – Correspondence through email is available to all the staff for internal communication and all staff has their own email addresses and they are created as soon as the employee is joining the organization e.g [it1.cai@sghgroup.net](mailto:it1.cai@sghgroup.net)

**Hospital website** – <http://www.sghcairo.com> is the Saudi German Hospital Cairo website. It provides Saudi German Hospital Cairo' image in cyber space and an interactive medium for SGH Cairo clients and the general public.

**Regular Meetings** – Department is conducting regular meetings or on – demand meetings to address urgent issues



### Use of External Database/Application in the Hospital Related to Business Activities

No	Sites or Links being used for Business Related Purpose
1	<a href="https://netbanking.mashreqbank.com/B005/ENULogin.jsp">https://netbanking.mashreqbank.com/B005/ENULogin.jsp</a> <a href="https://qnbalahli.fdestatements.gr/">https://qnbalahli.fdestatements.gr/</a> <a href="http://www.incometax.gov.eg/">http://www.incometax.gov.eg/</a> <a href="http://www.rta.gov.eg/">http://www.rta.gov.eg/</a> <a href="http://www.salestax.gov.eg/">http://www.salestax.gov.eg/</a> <a href="http://www.cbe.org.eg/ar/Pages/default.aspx">http://www.cbe.org.eg/ar/Pages/default.aspx</a> <a href="http://www.cibeg.com/">http://www.cibeg.com/</a>

### vi. Financial Risk Management:

<i>Title of Report</i>	<i>Date issued</i>	<i>No of points</i>
<i>Agreements and Pricing</i>	22 January 2017	17
<i>HR- Incident Report</i>	8 February 2017	3
<i>Evaluation of Hospital Startup Strategy</i>	3 April 2017	21
<i>AR – Profiling, Billing and Receivables</i>	6 April 2017	32
<i>Building Management System</i>	22 April 2017	3
<i>Al Nukhba – Labs Division</i>	16 August 2017	25



<b>Human Resource Audit</b>	24 August 2017	45
<b>Total Points</b>		146

### Financial Risk

Risk	Type of Risk	Risk Side	Effect	Action to Control
<b>Change in Dollar Price</b>	External	Expenditures	It's the most important external risk, as it causes high fluctuation in supplies & equipment prices.	Long term contracts with suppliers (actually this type of contracts is usually refused from suppliers due to instability economic & political status)
<b>Competitors</b>	External	Revenue	The competitors already have a market share, so SGHC as a new entrance in market tries to get from their market share	Extra work to improve services to have competitive adv. Over our competitors.
<b>Governmental Laws &amp; regulations</b>	External	Expenditures & Revenue	Any new laws and regulations may require more cost to fulfill these regulations. Also, these regulations may cause any suspension of licenses which means suspensions of services till get the new licenses.	



<b>Liability Claims from Patients</b>	External	Expenditures	These claims –if paid to patients- will increase the total expenditures on expense of the revenue	-The ability of Legal Affairs Team to face such claims. - Physicians' compliance with the guidelines to eliminate such claims.
<b>Delay in Accounts received from insurance companies</b>	External	Revenue	Decrease in monthly revenue	Make agreements with companies to deliver the required cash on time.
<b>Cancelled reservations, no show up patients</b>	Internal	Revenue	Direct Decrease in OPD & Diagnostic services' revenue, and indirect effect on revenue of inpatient & OR services.	Improve services
<b>Uncharged Services</b>	Internal	Revenue	Decrease in average claims either IP or OP, with a direct effect on total revenue.	-Improve the electronic system of charging -Training of staff -Reduce discounts
<b>Payroll</b>	Internal	Expenditures	The major portion of expenditures in services industry is payroll. Also, after the increase of dollar prices, the EGP value of payroll is highly increased. And while payroll is increased, the business in start-up levels is not increased with a same rate.	Improve employment systems



#### d. **Situational (SWOT) Analysis:**

It is a strategic planning method used to evaluate the Strengths, Weaknesses/Limitations, Opportunities, and Threats of the hospital to identify the internal and external factors that are favorable and unfavorable to achieve the objective of the hospital.

INTERNAL	
STRENGTHS	WEAKNESS
<ol style="list-style-type: none"><li>1. SGH brand name</li><li>2. Group experience in hospitals operation</li><li>3. Resources availability.</li><li>4. Hospital infrastructure and equipment.</li><li>5. Continuous medical and non-medical education.</li><li>6. Stability in the Management &amp; Leadership</li><li>7. Stable Work Environment</li><li>8. Organizational Structure &amp; Career path.</li><li>9. Training Facilities (Rooms &amp; Tools)</li><li>10. SGH Cairo Manpower (More than 1000 Employee in one place)</li><li>11. Average age of 92% from the staff is less than 40 years-old.</li><li>12. Our buyers have a previous experience in dealing with many different suppliers, plus their quit good negotiation skills.</li><li>13. Comprehensive training Programs for all Physicians &amp; Nurses.</li><li>14. Qualified different Healthcare backgrounds staff.</li></ol>	<ol style="list-style-type: none"><li>1. Internal processes in some areas.</li><li>2. High staff turnover in nurses.</li><li>3. Deficiency in some medical subspecialty and equipment.</li><li>4. Referred out tests</li><li>5. Referred out medication</li><li>6. SGH group centralization. (IT Mainly)</li><li>7. The Communication Gap between the different nationalities.</li><li>8. Our buyers need more specified training courses in Purchasing &amp; supply chain, also they need business English course.</li><li>9. the Gap between the Group Policies &amp; Procedures and the Egyptian Work Environment and Local Labour Law.</li></ol>



## EXTERNAL

### OPPORTUNITIES

1. New markets outside Cairo.
2. High Demand for healthcare in the market.
3. International Visiting Professors program.
4. High demand of critical beds
5. Medical tourism.
6. Instability in the management and leadership of our competitors
7. Easy to hire qualified candidates in most of the vacancies.
8. Creating a yearly tender with a yearly order to get reasonable price for regular items, extended payment terms through the year, also to be secured for availability of the items regarding to the economic status in Egypt and exporting issue for non-local items.
9. The new era of quality culture in Egypt ease the implementation and relieve the rooted resistance.
1. Reasonable no. of the HoD are JCI accredited hospitals' experienced.
2. Vigorous support of the Top management to all quality activities.
3. Highly qualified Nursing Educators.
4. Center for quality & accreditations
5. Center of excellences

### THREATS

1. Growing power of private competitors through physical expansions and additional services
2. Evolving governmental rules and regulations on expatriates
3. Call center outsourced
4. New national insurance law.
5. Staff Turnover (Competition & Headhunting)
6. Economic Changes (Inflation and Floatation)
7. Recruitment of the highly qualified nurses.
8. The external effect of fluctuations in economic status of Egypt, raisings in prices, inflation, Limitation of export.
1. the high rate of healthcare givers' turnover after being extensively trained and involved in the quality activities.
2. Irregularity of conducting the basic committees which disrupt the decision-making process.



## 5. Target Segmentation

SGH Cairo is a healthcare provider, targeting A class customers inside and outside Egypt.

<i>Direct Agreements</i>		<i>Insurance Segments</i>
Inside	<ul style="list-style-type: none"><li>• Class A and B+ cash patients</li><li>• Elite sports clubs</li><li>• All foreign embassies</li><li>• Major petroleum companies and airlines</li><li>• Professionals Syndicates</li></ul>	<ul style="list-style-type: none"><li>• Top multinational insurance companies</li></ul>
Outside	<ul style="list-style-type: none"><li>• Medical tourism in Africa</li></ul>	<ul style="list-style-type: none"><li>• Medical tourism in Africa</li></ul>

## 6. Strategic Goals:

1. Accessible Care with Empathy.
2. Stakeholders Partnership.
3. Effective Care with Safety.
4. Excellent Quality of Care based on Evidence.
5. Staff Recognition & Development.
6. Financial Targets Achievement.





## 7. Strategic Prospective:

### 1. Customer:

- Accessible Care with Empathy.

- ☐ Our care will be accessible.

- Patients can easily access all levels of our care vertically and horizontally.

- Horizontal expansion to improve access to our services

- Increasing our patient's census.

- Increasing our scope of services (Liver transplantation– oncology center- microsurgeries – pediatric cardiothoracic – IVF – stroke unit – pulmonary care unit and sleep Lab)

- Increase referrals from (private hospitals, polyclinics and abroad) by 100%.

- Increase no. of old patients.

- Increase no. of new patients.

- Vertical expansion to increase needed subspecialties

- Expansion of working bed capacity from 100 to 150 and new 2 ORs.

- Our customers will find and access the health information, services as they need through new tools and processes

- Use simple, low-cost interventions and health technologies to improve curative and preventive care

- ☐ Our care will be with empathy.

- Patients and their families will get our empathy and compassion with them during the course of their hospital stay and after

- Implement extended care in the hospital & home care in the catchment's areas.

- Train & enforce all leaders to "Role Model"

- Hardwire the consumer's satisfaction and loyalty into every one's performance evaluation



- Continual improvement in consumer experience (as measured in quarterly).
- Range of care options provided in hospital.
- Range of care options provided at home and in the community.

- **Stakeholders Partnership**

- ☐ Our care will be Community Centred.

- By the involvement our community to know their needs and provide them the healing expertise as per their needs;
- Recognize our community
- Involvement of community in decision making based on their needs
- Market our services in our community
- Having a valuable feedback on our services and facilities in terms of patient's satisfaction questionnaires
- Evaluate our community demographically

- ☐ Our care will be Friendly

- The approach will be patient oriented healthcare provider as we believe in our motive that our hospital is a patient oriented hospital.
- Partnership orientation and health awareness programs with different official organization like Ministry of Education, Electricity Company etc....
- Being accommodative and paying great attention while dealing with our community
- Partnership scientific activities calendar with local Ministry of Health in terms of Continuous Medical Education hours.
- Active participation in our community related seminars and meetings
- Building strong relation with all types of the stakeholders
- Rejection & Reconciliation Module
- Medical tourism

## 2. Internal Process:

- **Effective Care with Safety.**

- ☐ Our care will be effective.

- Our patients should receive the right care (diagnosis and treatment) from the first time.



- Foster effective clinical governance & structure.
- ☐ Our care will be with safety.
  - Our patients should not be harmed by us, as we originally intend to benefit them.
  - Promote an organizational culture that puts patient safety at the core of our services.
  - Conduct training programs to enhance safety.
  - Getting JCI Accreditation in 2018
  - Lab Equipment Interface (Integration with HIS)
  - General Maintenance & Module Software
- Excellent quality of Care based on Evidence
  - ☐ Providing Excellent quality of care.
    - Providing a comprehensive understanding of the domain of patient safety. It aims to apply a continuous learning and improvement cycle emphasizing identification of clinical risk, prevention, detection, reduction of clinical risk, incident recovery and system resilience; all of which occur throughout and at any point within the care process.
    - Enhancing patient safety culture by encouraging recognition and reporting of medical / healthcare errors and risks to patient safety without judgment or placement of blame.
    - Ensuring the coordination and integration of all quality improvement and patient safety activities across the departments of the hospital.
    - Prioritizing, establishing, collecting data and analyzing performance indicators in all clinical, managerial, patient safety, and other technical areas and to evaluate the degree of conformity to the set standards.
    - Provide guidance and training to hospital staff on quality improvement and patient safety basic concepts and principles.
  - ☐ Providing care based on Evidence.
    - Identifying the risky diagnosis, diseases & populations on annual basis.
    - Identifying the top medical diagnosis & surgical procedures.
    - Creating clinical practice guidelines with related pathways and / or protocols.
    - Adopt clinical protocols for our patient's population.



- Establish regular benchmarking for clinical performance & outcome.

### 3. Capabilities

- **Recognition of our Staff**

- ☐ Increasing Staff Productivity & Satisfaction.
  - Boost Employee Satisfaction and Morale.
  - Effective Recruitment and Selection.
  - Increase Efficiency & Performance of the staff.
  - Reduction in absenteeism and staff turnover.
  - Continual improvement in staff experiences.
  - Recreation Programs

- **Developing of Our Staff.**

- ☐ Our people will be trained.
  - Staff in different areas will be competent to conduct their role in care
  - Develop a high-performance organization that engages and supports teams
  - Support front liners
  - Implement leadership training and development strategy.
  - Increase Organizational Learning.
  - Increasing our staff satisfaction and loyalty.
- ☐ Our people will work in teams.
  - Teamwork on different level will be our working methodology
  - Improve working relationships & workforce planning
  - Improve internal communication.
  - Training hours per Quarter
  - Increasing Number of teams working on improvement projects

### 4. Financial

- **Financial Achievements.**

- ☐ Our organisation will be efficient.
  - Our care will be done with optimal utilization of available resources (no over or underutilization)



- Cost leadership for charge business & common cash procedures to insurance market share.
  - Market differentiation for unique subspecialties.
  - Expand customer base through increasing vertical and horizontal access.
  - Efficiently utilize resources.
  - Establish an effective, dynamic pricing strategy to match patient mix.
  - Fully integrated ERP Financial module with Web.HIS along with related financial reports.
  - Keep all inventory within 60 Days.
  - To Train all staff with new ERP and WEB-HIS System.
- ☐ Our organization will grow.
- Our organization will show 70% growth in net revenue and net profits every year.
  - Maintain promotions for cash business.
  - Maintaining cash business in 2018 and growing cash by 10% in 2019 & 2020.
  - Maintaining Losses and discounts below 20%.
  - To improve Billing, Collection and Reduce Rejections.



**STRATEGIC GOAL # 1: Accessible Care with Empathy**

**STRATEGIES:**

- Our care will be accessible.
- Our care will be with empathy.

**OBJECTIVES:**

- Increasing our patient's census.
- Increasing our scope of services (Liver transplantation- oncology center- microsurgeries – pediatric cardiothoracic – IVF – stroke unit – pulmonary care unit and sleep Lab)
- Increase referrals from (private hospitals, polyclinics and abroad) by 100%.
- Increase no. of old patients.
- Increase no. of new patients.
- Expansion of working bed capacity from 100 to 150 and new 2 ORs.

**Financial Plan**

*Set up operational budget*

**Clinical Services Plan**

*Align services with community needs.*

**Quality Plan**

*Implement JCI standards and FOCUS PDCA to improve quality wise*

**Workforce Planning**

*Improve staff morale and well being  
Provide safety & quality training*

**Infrastructure / Capital**

*Improve performance of medical equipment & PPM schedule.*

**Information Systems**

*Network upgrade & in-house software development*

**Relationship Development**

*Patient Relation Development*



**STRATEGIC GOAL # 2: Stakeholders Partnership**

**STRATEGIES:**

- Our care will be Community Centred.
- Our care will be Friendly.

**OBJECTIVES:**

- Market our services in our community
- Having a valuable feedback on our services and facilities in terms of patient's satisfaction questionnaires
- Partnership scientific activities calendar with local Ministry of Health in terms of Continuous Medical Education hours.
- Active participation in our community related seminars and meetings
- Medical tourism

**Financial Plan**  
Set up operational budget

**Clinical Services Plan**  
Align services with community needs.

**Quality Plan**  
Implement JCI standards and FOCUS PDCA to improve quality wise

**Workforce Planning**  
Improve staff morale and well being  
Provide safety & quality training

**Infrastructure / Capital**  
Improve performance of medical equipment & PPM schedule.

**Information Systems**  
Network  
upgradation & in-house software development

**Relationship Development**  
Patient Relation Development





**STRATEGIC GOAL # 3: Effective Care with Safety**

**STRATEGIES:**

- Our care will be effective.
- Our care will be with safety.

**OBJECTIVES:**

- Foster effective clinical governance & structure.
- Promote an organizational culture that puts patient safety at the core of our services.
- Conduct training programs to enhance safety.
- Getting JCI Accreditation in 2018
- Lab Equipment Interface (Integration with HIS)
- General Maintenance & Module Software

**Financial Plan**  
Set up operational budget

**Clinical Services Plan**  
Align services with community needs.

**Quality Plan**  
Implement JCI standards and FOCUS PDCA to improve quality wise

**Workforce Planning**  
Improve staff morale and well being  
Provide safety & quality training

**Infrastructure / Capital**  
Improve performance of medical equipment & PPM schedule.

**Information Systems**  
Network  
upgradation & in-house software development

**Relationship Development**  
Patient Relation Development

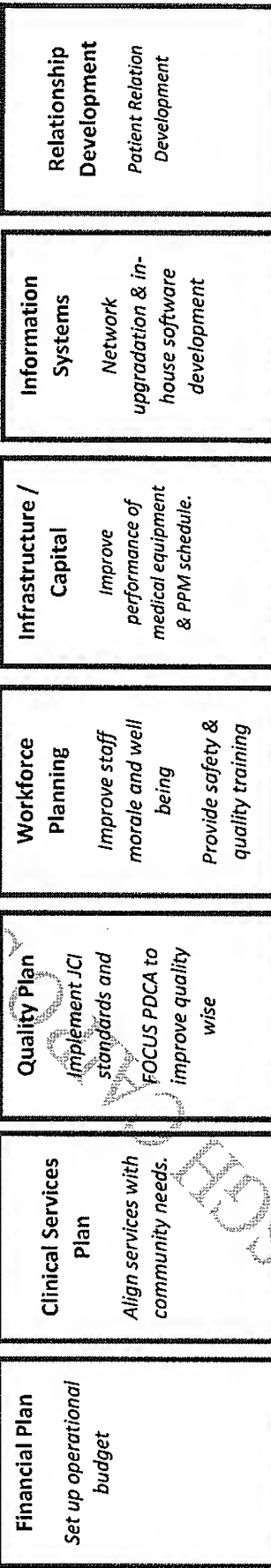
**STRATEGIC GOAL # 4: Excellent quality of Care based on Evidence**

**STRATEGIES:**

- Providing Excellent quality of care.
- Providing care based on Evidence.

**OBJECTIVES:**

- Enhancing patient safety culture by encouraging recognition and reporting of medical / healthcare errors and risks to patient safety without judgment or placement of blame.
- Prioritizing, establishing, collecting data and analyzing performance indicators in all clinical, managerial, patient safety, and other technical areas and to evaluate the degree of conformity to the set standards.
- Adopt clinical protocols for our patient's population.
- Establish regular benchmarking for clinical performance & outcome.



**STRATEGIC GOAL # 5: Staff Recognition & Development**

**STRATEGIES:**

- ☐ Increasing Staff Productivity & Satisfaction.
- ☐ Our people will be trained.
- ☐ Our people will work in teams.

**OBJECTIVES:**

- Boost Employee Satisfaction and Morale.
- Effective Recruitment and Selection.
- Increase Efficiency & Performance of the staff.
- Reduction in absenteeism and staff turnover.
- Continual improvement in staff experiences
- Recreation Programs
- Implement leadership training and development strategy.
- Training hours per Quarter
- Increasing Number of teams working on improvement projects

**Financial Plan**  
Set up operational budget

**Clinical Services Plan**  
Align services with community needs.

**Quality Plan**  
Implement JCI standards and FOCUS PDCA to improve quality wise

**Workforce Planning**  
Improve staff morale and well being  
Provide safety & quality training

**Infrastructure / Capital**  
Improve performance of medical equipment & PPM schedule.

**Information Systems**  
Network upgradation & in-house software development

**Relationship Development**  
Patient Relation Development

## STRATEGIC GOAL # 6: Financial Achievements

### STRATEGIES:

- ☐ Our organisation will be efficient.
- ☐ Our organization will grow.

### OBJECTIVES:

- Market differentiation for unique subspecialties.
- Expand customer base through increasing vertical and horizontal access.
- Efficiently utilize resources.
- Establish an effective, dynamic pricing strategy to match patient mix.
- Fully integrated ERP Financial module with Web HIS along with related financial reports.
- Keep all inventory within 60 Days.
- Our organization will show 70% growth in net revenue and net profits every year.
- Maintaining cash business in 2018 and growing cash by 10% in 2019 & 2020.
- Maintaining Losses and discounts below 20%.
- To improve Billing. Collection and Reduce Rejections.

#### Financial Plan

Set up operational budget

#### Clinical Services Plan

Align services with community needs.

#### Quality Plan

Implement JCI standards and FOCUS PDCA to improve quality wise

#### Workforce Planning

Improve staff morale and well being  
Provide safety & quality training

#### Infrastructure / Capital

Improve performance of medical equipment & PPM schedule.

#### Information Systems

Network upgrade & in-house software development

#### Relationship Development

Patient Relation Development